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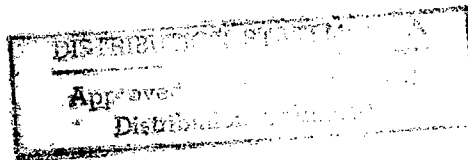
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ANGOLA

150 Cholera Cases Reported Daily 54000137 Luanda JORNAL DE ANGOLA in Portuguese 21 Apr 88 p 12

[Text] A source at the Provincial Delegation of Public Health has told JORNAL DE ANGOLA that the epidemic outbreak of cholera is once again alarming the capital city, with an average of 150 cases per day being reported.

This source, which cited the heavy rains that have recently fallen in the capital city as the cause of this new outbreak of cholera, further added that this past Sunday (the 17th) alone, 206 cases of cholera were reported, resulting in the loss of 20 human lives.

The health authorities do not yet have the situation under control. Americo Boavida Hospital is currently unable to handle all the cases, and so, as of yesterday [20 April 1988], three more auxiliary medical centers have opened in the neighborhoods of Kilamba Kiaxi, Terra Nova, and Sambizanga.

Mobile teams have already swung into action to try to change the course of the situation in the most heavily affected neighborhoods, which are Prenda, Sambizanga, Kilamba Kiaxi, Rangel and Cazenga. Authorities have also turned their attention to the municipalities of Ingombota and Samba, where some cases have already shown up.

It is assumed that there are other cases that are not being reported in the statistics of the delegation of public health, because there are sudden deaths in some houses, and these people do not get their patient to the hospital.

9895

MOZAMBIQUE

Government Launches Anti-AIDS Campaign

Minister of Health Makes Announcement 54000118a Maputo NOTICIAS in Portuguese 17 Mar 88 p 8

[Article by Ernesto Zucule]

[Text] Yesterday the Mozambique Government formally announced that at the beginning of this 6-month period it was launching a series of health measures designed to restrain and prevent the spread of Acquired Immune Deficiency Syndrome (AIDS) whose prevalence in our national territory is estimated to be from 1 to 3 percent; in other words, 12,000 to 52,000 Mozambicans are infected by HIV, the term by which the virus is scientifically known. Of this approximate number of citizens suspected of being carriers (seropositive), by 31 January

1988 the Mozambique authorities had diagnosed six cases of the disease, one being a foreigner. Two of the six died and the other four are in various stages of development of the disease.

This announcement was made yesterday by Health Minister Dr Fernando Vaz at a press conference with the national news media at which he advised that Mozambique has launched the National Program for the Prevention and Controls of AIDS to be carried out over a period of 3 years and involving all sectors of activity in order to achieve success in the effort to reduce the spread of the worst endemic disease of this century.

Fernando Vaz informed the group that our country has recently made a preliminary survey to determine the extent of the disease and reached the conclusion that the existence of Mozambique citizens infected by the HIV virus is an established fact, making it necessary, as is occurring throughout the world, for our government to take action to reduce catastrophic circumstances which could result from the spread of the disease.

The minister of health also informed the press that this preliminary survey shows that the number of citizens infected, that is, already carrying the virus, among various population groups in the country's principal cities, blood donors and homeless people, varies between 1 and 3 percent.

This percentage figure means that 12,000 to 52,000 Mozambicans may already be infected; and, according to the statistical probability, this means that in the next 5 years 1,200 to 16,000 infected citizens might develop the disease.

According to Fernando Vaz, this calculation shows that AIDS is now a health problem in Mozambique and is serving to aggravate other problems which we are facing due to the fact that the country is the victim of a war of aggression and of national calamities resulting from the banditry which is bringing immeasurable suffering to our people.

During the press conference the minister of health announced that Mozambique has adopted the London Declaration on the prevention of AIDS which exhorts the governments and people of the entire world to take immediate steps to implement the strategy of the WHO against the disease and do everything possible to carry out those measures.

The London Declaration was adopted by 148 countries and contains 14 points, the 6th of which stipulates that programs pertaining to the prevention of AIDS should protect human rights and the dignity of man while combating discrimination and the stigmatization of individuals infected by HIV and AIDS.

In this context the minister of health repeated that Mozambique opposes the requirement that foreigners obtain special permission to enter the country, reiterating that our position in relation to seropositive individuals is to adopt the measures universally accepted—namely, to maintain respect for human dignity.

The Program's Objective

According to the explanation given, the basic objective of the National Program for the Prevention and Control of AIDS is to prevent the transmission of HIV, reduce the morbidity and mortality associated with the infection and educate the citizens to adopt safe sexual behavior including conjugal fidelity and the use of contraceptives during occasional sexual contacts.

Our country's health officials maintain that if each Mozambique citizen is convinced that he has a role to play in the struggle against AIDS, adopting these measures (safe sexual practice and the use of contraceptives during occasional sexual contacts), much suffering can be avoided and great success achieved.

In keeping with the measures aimed at controlling the disease, the minister of health said that by the end of August all of the blood banks of the provincial hospitals will be able to give the ELISA test, a preliminary examination to determine if an individual is or is not a carrier of the disease.

AIDS is considered the worst disease which humanity has faced in recent centuries, principally because no cure has yet been found, despite the titanic efforts of scientists throughout the world on pertinent research. According to the research which has been conducted, not even in the next 5 years will it be possible to cure the disease, leading the medical profession to conclude that all cases which develop until an effective vaccine is discovered will be fatal.

Affecting more than 130 countries throughout the world and according to WHO figures, a total of 75,393 people have been diagnosed as having AIDS (the figures being from 31 December 1987), about 50,000 being from the United States. AIDS is considered a worldwide endemic disease which threatens man's existence and in whose struggle we are all called upon to participate.

Communique Issued

54000118a Maputo NOTICIAS in Portuguese
17 Mar 88 p 3

[Text] Yesterday in Maputo the minister of health, acting on behalf of the Mozambique Government, distributed the communique which we are herewith publishing in its entirety and in which all of our citizens are urged to engage in the struggle against the worst endemic disease of our century, Acquired Immune Deficiency Syndrome (AIDS).

As is public knowledge, the world is faced with one of the greatest health challenges known to exist in our time, Acquired Immune Deficiency Syndrome (AIDS).

Due to the extent of its dissemination, this epidemic, which already affects about 130 countries, is considered a pandemic disease. Because of the number of individuals already suffering from the disease (more than 75,000 in January 1988) and of those infected (between 5 and 10 million) who will develop the disease in the next 5 years, AIDS is now a serious problem for world public health. The disease affects developed countries as well as developing countries. For the latter the situation is particularly serious, for it serves to aggravate other health problems already existing, such as malaria, tuberculosis, measles and other infectious diseases responsible for infant mortality. Moreover, the results thus far achieved with the strategy of the primary health care sector may eventually be affected due to the need to direct funds to this pandemic disease.

The People's Republic of Mozambique is not free from AIDS. The existence of individuals infected by the disease's virus among the Mozambique population is a proven fact. The preliminary results obtained from a nationwide survey conducted by the Ministry of Health show the prevalence of individuals infected, that is, individuals already infected by the virus but not yet showing symptoms of the disease, to be from 1 to 3 percent among various population groups, including the urban population of the principal cities, blood donors and persons displaced by the war.

From these figures it can be estimated that 12,000 to 52,000 Mozambicans are now infected by the virus and that, according to statistics relating to the entire world, during the next 5 years from 1,200 to 16,000 of those infected will develop the disease.

Moreover, until 31 January 1988, six cases of the disease were diagnosed in our country, one being a foreigner. None of the five Mozambicans had traveled outside the country or had contact with foreigners. Two of the six died and the other four are in various development stages of the disease.

Therefore, although it is not yet very apparent, AIDS is now a health problem in Mozambique and is aggravating other problems facing the country, caused by national calamities and the war of aggression.

AIDS is transmitted principally through the blood and sexual secretions (sperm and vaginal secretions). It is also important to note that this disease is not transmitted through:

—Handshakes and embraces;

—The use of sanitary facilities and equipment (toilets, showers, wash basins, etc.)

—Swimming pools, gymnasiums and other sports facilities, or visits to hospitalized patients;

—The use of tableware and drinking glasses;

—Mosquito bites; and

—Other acts not involving contact with blood or sexual secretions.

What makes it particularly difficult to control this disease is the lack of a vaccine for its prevention and of effective medicine for its treatment, although research is underway in various parts of the world. In this context, the only way to combat the disease is through safe sexual practice and the adoption of measures which prevent the transmission of the disease through the blood.

The Ministry of Health has launched the National Program for the Prevention and Control of AIDS to which priority is to be given by the party and state. This program, which is receiving broad international support, consists of the following principal parts:

—Study of the extent of the infection and its evolution with time;

—Health education for the people, involving party and state structures, popular and socioprofessional democratic organizations, humanitarian organizations and religious institutions;

—Prevention of transmission through the blood, which implies strengthening the techniques of sterilization of the equipment used in health institutions (needles, syringes, etc.) and the search for antibodies, antiviral elements in donor blood; and

—Social support for AIDS patients and their families.

Many of the measures included in the program are already underway. Seminars are now being held in various provinces aimed at enlightening health workers, increasing their knowledge concerning the disease and its prevention.

Serological studies are also continuing to be made to obtain greater knowledge about the spread of the disease among blood donors and others. Laboratory diagnostic capability will be extended to provincial hospitals during the current year.

It should be stressed that the complete implementation of the program by itself will not deter the spread of the infection if individuals do not follow safe sexual practice, including conjugal fidelity and the use of contraceptives in casual sexual contacts. If each citizen is convinced that he has a role to play in the struggle against AIDS, much suffering can be avoided and great success will be achieved.

The Mozambique Government has adopted the London Declaration which recommends:

—Nondiscrimination of AIDS carriers and victims;

—Respect for human dignity;

—Nonrequirement of special documents to enter the country; and

—Nonisolation of AIDS victims or carriers.

Maputo, 16 March 1988

08568/06662

Red Locust Plague Threatens Manioc Crops
54000118b Maputo NOTICIAS in Portuguese
19 Mar 88 p 3

[Text] A plague of red locusts and caterpillars has recently appeared in Manica Province, threatening to devastate extensive areas of the corn crop. Particularly threatened are the district of Gondola and the city of Chimoio, where the locusts have invaded the collective farms of the family and private sectors. The same plague of locusts, whose scientific name has not yet been identified, has also attacked collective farms in Inhacape-Muda. However, despite this, Ministry of Agriculture officials in Manica believe that the corn planted as part of the 1987-1988 campaign appears to have a good vegetative aspect.

Although no definite survey has been made of the devastated areas up to the end of February, initial calculations indicate that, until that date, more than 20 hectares of the private sector had allegedly been consumed by those insects which are being combated by a team of specialized technicians who, simultaneously, are trying to make a final evaluation of the damage incurred.

Mario Armando, head of the Department of Agrarian Economy in Manica's DPA, asserted that the phenomenon was an unusual one and that such plagues of locusts come in cycles, emerging every 4 years. He also said that, despite their small size, those insects are capable of destroying extensive cultivated areas during their short period of existence.

The same official recalled that, 4 years ago, another plague of locusts, as was expected, destroyed many hectares of corn and millet. According to other information, in 1982 still another plague of those insects destroyed several areas of crops in Sofala Province, mainly in Chemba and Sena districts.

08568/06662

SOUTH AFRICA

First Major AIDS Conference Attempts To Break Down Prejudices

54000139b Johannesburg *THE WEEKLY MAIL* in English 5-12 May 88 pp 14-15

[Article by John Perlman]

[Text] "Aids is Aids," said Dr Denis Sifris of the South African Institute of Medical Research. "There is no African Aids, no gay Aids, no heterosexual Aids. It is one disease and it affects people."

Dr Guido van der Groen of Belgium's Institute for tropical medicine agreed. "There is no such thing as African Aids. There are differences in clinical manifestations due to different pathogens."

Speakers at the first major conference on acquired immune deficiency syndrome (Aids) in Johannesburg this weekend, were concerned to avoid labels that might entrench ignorance and prejudice, generally considered major obstacles to combatting the disease.

The portrayal of Aids as a disease from Africa, said Dr M. V. Gumede of the KwaMashu Polyclinic, is "a calculated racial insult".

"Much harm has already been done," Gumede said, "particularly with actions like the expelling of Malawian mineworkers." (It is rumoured that some invited foreign speakers withdrew in protest against recent government measures which prevent foreign mineworkers who are HIV-positive from renewing contracts.)

There was repeated concern too, to break down perceptions of Aids as "gay disease" and to view the gay community in a non-judgemental way.

And yet at times there were telling lapses. At the conclusion of his talk "Aids and the Gay Male Subculture", part of the session on "high risk groups", Dr W. J. Schurink of the Human Sciences Research Council was challenged by a speaker from the floor who said: "To assume there is a single gay male subculture is a grave mistake."

Schurink is currently directing a major HSRC survey on South Africa's gay male community. Dr Reuben Sher of the South African Institute for Medical Research seated next to him to talk on "Aids and the Homosexual Community" said he had been reluctant to speak on the subject. "I hope our next meeting won't have this as a topic."

But Dr Olaf Martini of the Chamber of Mines, who had given a racy account, in the same session, of mineworkers, Aids and what he called prostitutes, said the gay

community ought to do sample testing of itself for the HIV virus. Most were "well-behaved" he said, but this could identify those who were not.

"People wanted to aspire to being tolerant," said one participant. "They became tense when confronted with their entrenched intolerance."

It wasn't a matter merely of words—a few speakers still managed to use some like "abhorrent" and "deviant".

There was a reluctance to accept that whatever the congress might think, homophobia—antagonism towards gay people—was prejudicing the medical treatment Aids sufferers received.

"Looking at (educating) the public is jumping the gun," Dr F. H. N. Spracklen of Cape Town's Somerset Hospital told the congress. "Our doctors need educating."

There was only one doctor in Cape Town who would perform a bronchoscopy (an investigation of the lungs in difficult diagnoses) on HIV-infected patients, he said. There was only one pathologist willing to examine people who had died of Aids.

"When we counsel people we tell them they may have difficulty obtaining medical and dental treatment," added Sifris.

"There is a major hospital in the Transvaal where the head of the infectious diseases section refuses to have anything to do with HIV patients.

"I sent a patient with a letter from me to the HF Verwoerd dental hospital in Pretoria. He was refused treatment because they had 'no adequate sterilising facilities'."

Sister Lynne van der Merwe of Johannesburg Hospital said some staff members—doctors more than nurses—were still reluctant to treat HIV patients.

Gordon Isaacs of the University of Cape Town School of Social Work said he had worked with 22 people who had died of Aids, 46 ill with the disease and 107 who were HIV-positive.

"Their treatment is grossly impeded by generalised homophobia," he said.

A number of participants said reluctance to treat HIV patients was not due to prejudice, but to ignorance and fear of contacting the virus.

"Common sense should be one of our main tools to fight this danger," said Van der Groen. "HIV makes us look again at rules that were written many years ago for hepatitis B."

Professor Margaret Isaacson of the SAIMR said of more than 1,400 people who had tested HIV-infected blood around the world, only 111 had themselves tested positive. None had developed Aids. Anyone who refused to treat a patient, she said, "shouldn't have gone into medicine".

If the congress had some answers to health workers' fears, it was less certain about other aspects of the crisis.

The congress agreed that people who take the series of tests for the presence of antibodies to HIV and therefore of HIV itself, mistakenly described even by some doctors as an Aids test, should do so on the basis of "informed consent".

Counselling should not just be the imparting of information, said Brink at the close, but the establishment of a relationship between counsellor and counselled.

The counselling service established by the Gay Association of South Africa in Cape Town, said Gasa's John Pegge, includes support groups for HIV-positives, and a "buddy system", where a volunteer adopts a person with Aids, "from the time they meet until death".

The congress discussed and endorsed the need for counselling at some length but said nothing about who would set it up. People with Aids inevitably hit financial problems—some medical aid schemes have set an upper limit of R100 for HIV-related claims—but Pegge said Gasa last year operated with \$4,000 in cash and about R100,000 in human talent and time.

It has at no time received government money and did not apply for a fund-raising number after the Gay Advice Bureau in Johannesburg was twice refused a number, most recently last year.

Most counselling in Johannesburg is through the HIV clinic at the General Hospital, community-based organisations and the SAIMR. There are no HIV clinics in any black township in the country.

Professor S. A. Strauss of the University of South Africa said the solution to combatting Aids "lay not in legislation but education".

The congress by and large supported this view but did not really examine the considerable powers government already has.

Amendments to the Admission of Persons to the Republic Act passed last October empower the government to bar foreigners who are HIV-positive from entry. Immigration officers can require prospective entrants to take the HIV test.

Aids has also been classified a communicable disease under the Health Act. This empowers medical officers of health to conduct compulsory medical examinations where they have a "reasonable suspicion" someone has a communicable disease.

The officer can take action, including removal to a hospital or place of isolation. The government has stated it believes making Aids notifiable would "drive the disease underground".

Strauss's comprehensive coverage of Aids and the law did not address the continued criminalisation of homosexuality. Decriminalisation, said Gasa's Pegge, would be essential if people's co-operation is expected.

Could the congress be expected to resolve all the dilemmas it raised?

The next step is for the Medical Research Council to convene various "task forces" in areas like education, law and support services—a move not universally applauded.

"They told us things we have known for three or four years," said one participant. "People have been doing a lot of good work on Aids since 1983. There are clinics and centres and organisations that work. Why do you need task forces? Why not build on these?"

The task forces will convene in the next six months and can be expected to act as channels for whatever funds are dedicated to the various aspects of the Aids campaign. Quite how much of that gets soaked up in the inevitable secretariat and bureaucracy such bodies inevitably spawn remains to be seen.

All Agree on the Weapon: Better Training

Education has been the government's main contribution to fighting Aids, and it looks like being the major area in future.

Yet it was here that the congress seemed least clear.

C. D. Celliers of Stellenbosch University said "the battleground of Aids is in the classrooms" and that "life skills" education should be made a compulsory examination subject.

There is an effective bar on sex education in government schools that would affect that. Dr Sylvian de Miranda of the South African National Council on Alcohol and Drug Dependence said he and others had developed and evaluated a "preventive lifestyle education" over the past four years but could not get it into the schools.

"Now it seems they are talking about reinventing the wheel," he said.

There was no particular consensus about the moral framework for Aids education, but in his summary the Medical Research Council's Professor A. J. Brink endorsed the sentiments of Dr D. J. Louw a Stellenbosch theologian, who called for a return to "covenant theology" where the "sexual relation is an unbroken monogamous bond".

How effective was that likely to be?

"Promiscuity will not be easily stigmatised as a cause of Aids among young black people," said Dawn Mokhobo, a social worker from Mafikeng. Unmarried mothers are not ostracised and their children are taken in, she said.

It was noteworthy that gay organisations were not included in this session, although their community-based education is generally regarded to be incomplete but successful, based on the declining incidence of other venereal diseases, particularly anal gonorrhea.

On the effectiveness of the government's current advertising campaign against Aids, Tim Bester of McCann Advertising, which conducted it, outlined preliminary survey results.

These, he said, showed that greater awareness of Aids, its causes and its incurability had resulted among blacks and whites.

But 54 percent of black people still thought of Aids as a disease from America and most whites thought it came from Africa. Thirty percent of blacks and 89 percent of whites (nine percent more than before the campaign) believed they had no reason to change their behaviour.

The campaign cost around R1-million.

"That's one-fifth of an info song," said one participant quietly. "But at least it was more than was spent on replacing the head of the SABC."

/9274

206 HIV Infected Cases in Cape Town Reported
54000126b Cape Town DIE BURGER in Afrikaans
1 Apr 88 p 7

[By our Medical Correspondent]

[Text] A total of 206 persons are definitely infected with the AIDS virus (HIV) in Cape Town. This figure was announced yesterday in Cape Town by the Cape Regional AIDS Advisory Group.

This newly-founded regional advisory group consists of AIDS experts and Cape Town members of the National AIDS Advisory Group. Among other things, they act as an advisory body to coordinate AIDS-prevention measures in the Western Cape. Several talks have already been held with local health and hospital authorities.

As far as is known, this is the first regional advisory group operating. It is also the first time that statistics have been released on the number of persons identified in Cape Town as carriers of the AIDS virus after voluntarily requesting testing.

Some of the 206 are already suffering from AIDS, a large number are showing the first early signs of AIDS, and a large percentage do not have the symptoms yet. All 206 can spread the virus through blood contact and sexual intercourse, Prof Walter Becker, Cape Town virologist and convener of the regional advisory group, said yesterday.

The figures for AIDS infections were released because the figures for AIDS cases conceal reality. A patient is not diagnosed as having AIDS until he has a potentially fatal infection and thus is terminally ill. In theory, this means that a person infected with AIDS is recognized as suffering from AIDS only in the last 3-6 months of his life.

On the average it takes 2-5 years from the time a person is infected until he has a fully developed case of AIDS, Prof Becker said.

Probably far more than those 206 cases are infected with the virus in Cape Town, according to the regional advisory committee.

Of the 206 people infected with the AIDS virus, 82 are homosexuals; 19 bisexuals; 15 hemophiliacs (bleeders) who were infected before imported and local blood products could be tested; 2 are drug addicts who acquired it through infected needles; and 2 are prostitutes, one male and one female.

According to the regional advisory committee, there is no longer any place for a nonchalant attitude toward AIDS in South Africa. "It is urgently necessary to make every possible effort to help those infected with the AIDS virus and to prevent its further spread."

The regional advisory committee—Prof Becker of the University of Stellenbosch, Prof John Moody of the University of Cape Town, Dr Pat Coghlan of the Western Cape Blood Service, and Dr Frank Spracklen—will act inter alia to identify areas demanding urgent attention and coordinate all efforts by local health authorities and the private sector to prevent the spread of the AIDS virus, it was announced yesterday.

12593

Number of Malawian Miners With AIDS Doubles Since 86
54000126a Cape Town DIE BURGER in Afrikaans
9 Apr 88 p 4

[By our Medical Correspondent]

[Text] The number of Malawian mineworkers in South Africa who are carriers of the AIDS virus (HIV virus) has more than doubled since 1986.

According to Peter Bunkell, a Chamber of Mines spokesman, some 2,000 mineworkers from Malawi have already been identified as AIDS carriers. On the other hand, the chamber is aware of only some 90 non-Malawian mineworkers with the virus. Of those non-Malawians, 40 are South Africans.

Bunkell could not say how much the number of South African mineworkers who are AIDS carriers has increased because those mineworkers are not examined regularly for the virus.

In 1986 an extensive study on the incidence of AIDS in the mines showed that so few non-Malawians have the virus that it is not necessary to start a program to determine precisely how many of them have it.

It is probable that the number has increased since 1986, Bunkell said.

The 90 non-Malawians infected with the HIV virus come out of a total of some 736,000 non-Malawian mineworkers. The 40 South Africans who are HIV positive, come out of 304,516 South African mineworkers.

This certainly does not suggest a larger percentage of AIDS cases than outside the mines, Bunkell said.

Non-Malawian AIDS carriers are usually detected when they go to a clinic for sexually transmitted diseases.

There is a good chance that anybody at risk of being infected with the virus will visit those clinics at one time or another, he said.

Malawian mineworkers, however, are kept under closer observation because the 1986 study showed that they are the ones most likely to suffer from AIDS.

Not all 2,000 AIDS carriers are necessarily still in South Africa. Many have returned to Malawi and will not be accepted again for work in South African mines.

Since last October the chamber has been obliged by law to test each foreign worker for AIDS before he is hired for the mines or before his contract is renewed. A worker who tests positive is not hired.

Bunkell would not comment on the question as to whether the chamber repatriates HIV positive mineworkers.

"That is a sensitive matter and one we are currently discussing with the Government," he said.

Whether the hostel policy at the mines encourages homosexuality and the spread of AIDS is uncertain. He says there is no proof that homosexuality is common at the mines.

(A former magistrate told BEELD yesterday that he regularly heard cases of sodomy against mineworkers while he was a magistrate in the Klerksdorp area.)

Programs being undertaken by the chamber to fight AIDS are: An extensive educational program consisting of films and videos, posters, pamphlets, and advice; and testing prostitutes near the mines. In 1986 such testing did not reveal any cases of AIDS infection. A new testing program costing 200,000 rands is planned for later this year. Prostitutes will participate voluntarily.

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**Baragwanath Hospital Working Group Studies
AIDS Problem in Soweto**
54000139a Johannesburg *THE WEEKLY MAIL* in
English 5-12 May 88 pp 14-15

[Article by Jo-Ann Bekker]

[Text] A major study into the incidence of the Aids virus among patients at Baragwanath Hospital's ante-natal clinic has sparked debate about an individual's right to "informed consent" for the test.

Notices are displayed in the Soweto hospital's clinic explaining that blood will be taken from all patients on admission and specimens will be tested for sexually-transmitted diseases and for the Aids virus. Before doctors or nurses take a blood sample, they inform the patient if they are testing for antibodies to the HIV virus—which causes the Aids syndrome.

But according to the Organisation for Appropriate Social Services in South Africa, every patient should be counselled before a test for the HIV virus is conducted.

In addition, the Baragwanath tests are conducted on women in an advanced state of pregnancy—a few have already delivered—thus denying them the choice of terminating the pregnancy.

The latest issue of *CRITICAL HEALTH*, a quarterly publication dealing with health and politics in South Africa, recommends that HIV testing on women involved in promiscuous sexual behaviour should take place in the early stages of pregnancy, and should include counselling and the choice of terminating the pregnancy if the test shows HIV antibodies in the blood.

Dr George Louw, chairman of Baragwanath's five-month-old Aids Committee, is well versed with the debate surrounding the buzz-words "informed consent".

"It is a very contentious issue," he said. "One must always ask the question: how much information must you provide a patient before informed consent is informed consent."

He said counselling had not "got off the ground yet". The committee decided this week the hospital would not be able to offer pre-testing counselling, but planned post-testing counselling.

The hospital's Aids Committee, an interdepartmental working group of 14 medical staff, has set itself the task of identifying the magnitude of the Aids problem in Soweto; managing Aids cases in the hospital as humanely as possible, and introducing protective measures which will shield the hospital staff against possible contamination without alarming the patients.

However, pre-test counselling is offered in Johannesburg's three clinics for sexually-transmitted diseases. Similar services are planned for the 10 clinics in Soweto, according to Johannesburg's Medical Officer of Health, Professor Hilliard Hurwitz.

"Everybody has the right to be counselled before testing. A person must have a full understanding of the implications of positive test," Hurwitz said. Doctors and community health nurses at the clinics had been trained in counselling techniques, he added.

Hurwitz said the clinics did not do routine testing for the Aids virus—partly because the incidence of other test indicating "false positives" was higher in low-risk communities.

"We have found the people who come to our sexually-transmitted diseases clinics are a high risk group because many are promiscuous and we will be more inclined to test them routinely."

Louw said tests were carried out, firstly, on people suspected of being an Aids contact, or having the syndrome. A co-ordinated study on potential high-risk groups was also being undertaken to determine the extent of the Aids threat.

"Surgeons recently did a large study on men who frequent shebeens and belong to gangs, but did not find one positive HIV carrier," he said. "We start from the

supposition that if we find no indications of Aids amongst the more promiscuous groups the chances are Aids are not really a factor yet."

The Johannesburg Health Workers' Association has laid down guidelines for hospital staff caring for an Aids or HIV-infected patient. These include the use of protective clothing for ambulance staff, laundry staff and hospital porters and workers—all of whom might come into contact with the body fluids of Aids patients or syringes used on such a patient.

Louw said Baragwanath's Aids Committee had prioritised staff protection, particularly for doctors and nurses, who were most at risk. Protective goggles, visors, aprons, long gloves, sleevelets and waterproof boots were being considered.

"But with a staff of 5,000 nurses and 640 doctors, it is impossible to police each and every individual. As long as the items are available, I think we will have done our part," Louw said.

He said if staff members accidentally pricked themselves with needles, they were strongly advised to check themselves for possible contagious diseases—although international research showed the potential for contacting the disease in this way was low.

Hurwitz said staff at Johannesburg's clinics were not adopting special protective measures for Aids tests. "There are precautions for taking any blood tests. Staff must wear gloves and be careful in handling and disposing of needles."

Louw said fewer than five patients at Baragwanath had been diagnosed as suffering from the Aids syndrome. he said they were treated like other patients suffering from contagious disease—although hepatitis and meningitis were far more contagious. Aids patients were usually given beds in side wards off the bungalow-type wards, but if this was not possible they were placed in the general wards and staff practised barrier nursing.

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AIDS Rising Costs, Testing Issues Discussed

Conference Hears About Costs

54200044 Toronto *THE GLOBE AND MAIL* in
English 17 May 88 p A12

[Article by Andre Picard]

[Excerpts] Each new AIDS patient costs the Canadian health-care system \$70,000 to \$100,000 a year, making a massive investment in education programs a necessity, a national conference on AIDS was told yesterday.

Dr. David Walters, program director of the Canadian Public Health Association, estimated that newly infected people will add \$250 million a year in costs to the health system within the next five years. He said costs are rising by \$5 million a month.

He based that on what he called a conservative estimate of 2,500 Canadians newly infected each year.

In Canada, 1,761 people have been diagnosed as having acquired immune deficiency syndrome, and 978 of those have died.

It is estimated that 30,000 to 50,000 more have been exposed to the AIDS virus but have not yet developed symptoms of the disease.

The Federal Centre for AIDS estimates 7,000 people across the country will have AIDS by the year 1991.

Last month, Dr. Michael Chretien, one of the volunteers who prepared a study by the Royal Society of Canada for the federal Health Department, estimated the 1987 cost of dealing with AIDS in Canada at \$129 million.

"Prevention is cheaper than treatment and, although it may seem crass, maybe we have to get politicians to look at a cost-benefit analysis," Dr. Cate Hankins, director of the sexually transmitted disease control program at Montreal General Hospital, told the conference yesterday.

"It is difficult to get politicians to look at long-term cost savings, but let me put it to them this way: For every \$70,000 spent on education, we would have a positive return on investment if one case of AIDS was prevented," she said.

Glen Murray, a health-care worker from Winnipeg, made an even stronger statement during the question period: "I am disgusted by our Government. British lives are worth \$40 million. Australian lives are worth \$50 million. It's a national disgrace that Canada spends only \$750,000 (on education programs) to combat AIDS," he said. (The Government also has allocated \$4.3 million to AIDS research).

Mr. Murray noted that in April the Royal Society of Canada called on the federal Government to spend \$80 million a year on AIDS education and an additional \$35 million on research, but the Government has done nothing.

Deputy health and welfare minister Maureen Law responded by saying the Government had no specific initiatives to announce. "What I hear very clearly from this group is that you don't feel what we're doing is enough.... I recognize that additional funding is needed, and it's a message I'll be taking to the minister."

Quebec Clinics' Anonymous Testing

54200044 Toronto *THE GLOBE AND MAIL* in
English 19 May 88 p A15

[Article by Lawrence Surtees]

[Excerpts] Quebec has become the first province to provide anonymous AIDS testing in publicly-financed clinics despite controversy among public health experts about this.

Few statistics are available for the three clinics—two in Montreal and one in Quebec City—that began operating a month ago.

However, about half of the more than 260 people tested at one Montreal clinic said they would not have sought a test in any other setting, according to Marlene Yven-Boyer, coordinator of social and medical services at the Local Community Service Centre.

Yesterday, she outlined the rationale behind the clinics in a workshop at the Canadian Conference on AIDS. The three-day conference in Toronto ended yesterday.

The Quebec Government announced last August that it would permit three of the 155 community service centres to set up clinics for anonymous AIDS testing.

Unlike tests at hospitals, doctors' offices or public health centres, the clinics do not obtain details that could identify a person.

Those desiring a test must first arrange an appointment for pre-test counseling. The person is only given a number for their file and blood sample. Results can be obtained over the telephone and the patient is then offered counseling and an anonymous visit with a physician.

She agrees with critics that testing itself won't halt the spread of AIDS.

However, through anonymous testing, the Ministry of Social Services hopes to inform and counsel people in high risk populations who would otherwise not know whether they are infected and how to prevent further infection.

Critics of anonymous testing argue that reporting for public health reasons takes precedence over confidentiality.

"I don't think there's any place for anonymous testing," said Dr. Evelyn Wallace, AIDS coordinator at the Ontario Ministry of Health.

She argues that "the bottom line is prevention.... and anonymous testing prevents us from following up and tracing a person's contacts."

But Dr. Richard Issac, a member of the Ontario Provincial Advisory Committee on AIDS believes people should have both options because there is no guarantee a person is going to report all sexual contacts.

There is no official anonymous clinic in Ontario, although some centres and doctors provide such testing.

Dr. Michael Rekart, chairman of the B.C. Advisory Committee on AIDS, also supports the principle of anonymous testing if there is a demonstrated need. He said anonymous testing prevents notification of a person if a clerical error leads to an erroneous result.

He said there has been no need for such a clinic in British Columbia due to rigorous protection of patient identity.

Dr. Roy West, director of Provincial Laboratories and Communicable Disease Control in Saskatchewan, supports anonymous testing since it may prevent the introduction and widespread use of unreliable home testing kits. Many experts fear the importation of such cheap kits available in the United States.

More than 1,760 cases of AIDS have been confirmed in Canada, according to federal statistics issued this week.

Mandatory Testing Issue

54200044 Toronto *THE GLOBE AND MAIL* in English 26 May 88 p A5

[Text] Mandatory AIDS tests for employees or prospective employees are forbidden under new rules released yesterday by the Canadian Human Rights Commission.

But employers may demand AIDS tests on select groups. And other workers may refuse certain services to patients with acquired immune deficiency syndrome.

The commission, whose rulings have the force of a court order for employers and employees under federal jurisdiction, already is hearing cases of alleged discrimination against AIDS victims.

The new rules also forbid discrimination against people considered especially vulnerable to AIDS infection or those who associate with sufferers.

The commission wants to lessen panic and "make people realize this is not something you catch by walking down the street with someone or working with someone," Commissioner Max Yalden told a news conference.

The new policy forbids an employer from refusing a job to AIDS patients simply because other employees will not work with them.

However, the commission sets out three special cases in which a job can be denied someone infected by the virus:

—Health-care employment in which the victim must perform "invasive procedures" on a patient, such as surgery;

—Jobs requiring travel to countries such as the Soviet Union, Iraq and Indonesia that refuse entry to AIDS victims;

—Jobs performed alone—such as a pilot—in which safety might be jeopardized by deterioration of the nervous system or brain because of AIDS.

However, the commission said there may be situations in which such workers can continue, such as those in health-care who can be moved to other duties.

In addition, the policy says some workers may legitimately refuse to provide service to AIDS victims if there is a real risk of transmission through exposure to blood products.

Mr. Yalden also rejected tough legislation to isolate irresponsible AIDS victims deliberately trying to pass on the virus, such as by donating blood.

"We do not... need new, dramatic, glossy legislation to... look after a problem which is probably very close to non-existent," he said.

The commission is currently hearing two cases involving job refusals to AIDS victims—a bank worker in Ontario and a cook in Manitoba. Mr. Yalden said no cases have been opened yet under the broadened policy.

He does not expect the new policy to elicit a great number of complaints.

"People (with AIDS) find their lives difficult enough already without getting into... a hassle with the complaint mechanism."

Mr. Yalden said the commission fields about 43,000 inquiries a year, but only receives 500 complaints.

The federal Centre for AIDS reported Tuesday that 1,765 Canadians have been diagnosed as AIDS patients, of whom 984 have died.

AIDS Hospital Disclosure Policy, Incidence Discussed

Toronto Hospitals' Policy

54200042 Ottawa THE OTTAWA CITIZEN in English
10 May 88 p A10

[Text] Toronto (CP)—A policy at two city hospitals that requires staff to disclose if they are carrying the AIDS virus is "unjustified," says provincial Health Minister Elinor Caplan.

Caplan told reporters Monday she has asked the Ontario advisory committee on AIDS to meet with officials from the merged Toronto General Hospital and Toronto Western Hospital to discuss their new policy.

Considered the first of its kind in Canada, the policy allows the hospitals to reassign workers who are infected and to fire those who fail to report they have acquired immune deficiency syndrome or any of 17 other communicable diseases listed.

"At this point in time, all the evidence we have (suggests) this policy seems to be unjustified," Caplan said. "The concern is it creates the impression there's a need to know, and that would suggest mandatory testing as the next step."

Hospital spokesman David Allen said Caplan is wrong to link the policy with mandatory AIDS testing.

1,737 Cases

54200042 Ottawa THE OTTAWA CITIZEN in English
11 May 88 p A5

[Text] Vancouver—Canada will see fewer new cases of AIDS in 1988—about 500 compared to 587 last year, says a University of British Columbia professor.

Educational programs have likely been responsible for a decline in new cases of acquired immunodeficiency syndrome, said Dr Rick Mathias.

"Gay men in Canada have really changed their behavior," he told a conference Monday of the Canadian Institute of Public Health Inspectors.

The health-care and epidemiology professor said gay men account for 85 percent of AIDS cases in Canada.

Mathias said he originally predicted 3,000 new cases of AIDS this year, based on numbers of cases diagnosed between 1980 and 1985.

But Dr Alastair Clayton, director general of the federal Laboratory Centre for Disease Control in Ottawa, said Mathias has got his facts wrong.

There have been 615 cases of AIDS reported so far for 1987, not 587, Clayton said in an interview Tuesday. That number could grow to 650 by the time all 1987 cases are tallied later this year, he added.

There will be another 900 cases in 1988, Clayton predicted, not 500 as Mathias estimates. So far, 83 have been reported.

The two physicians disagree on how advanced the AIDS epidemic is. Mathias said the disease has reached its plateau; Clayton said the plateau is still a few years off.

Clayton said it is too early to say whether Canadians are responding to educational programs on AIDS.

A total of 1,737 AIDS cases have been diagnosed in Canada since the disease was recognized. Of those people, 966 have died.

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Guidelines Cover Sexually Transmitted Diseases in Children

54200043 Ottawa THE OTTAWA CITIZEN in English
11 May 88 p A5

[Article by Louise Crosby]

[Text] For the first time, the federal government has released guidelines advising doctors how to treat infants and children who contract sexually transmitted diseases.

Until now, federal government guidelines have dealt only with the treatment of adults who get such diseases.

Noni MacDonald, head of infectious diseases at the Children's Hospital of Eastern Ontario, said Tuesday children, adolescents and even newborn babies contract herpes, gonorrhea and syphilis.

Either the disease was passed along by the mother during pregnancy, or the child was sexually abused, she said.

Health and Welfare statistics for 1986 show 67 reported cases of gonorrhea in children under the age of 10, 261 cases in children 10 to 14 years, and 7,843 cases in children 15 to 19.

And MacDonald says figures on sexually transmitted diseases among children don't reflect the true situation.

Of the 25 diseases in the category, only syphilis, gonorrhea and AIDS must be reported to the federal government. The Ontario government has added only genital herpes and chlamydia to the list.

MacDonald edited the guidelines with two other doctors. She was one of seven experts who served on a committee set up by federal Health and Welfare Minister Jake Epp in June 1986 to investigate sexually transmitted diseases in children.

The guidelines were released 15 April and have now been mailed to doctors, hospitals and professional organizations. They provide doctors and other health professionals with explicit advice on treatment.

In an interview, MacDonald elaborated on the prevalence of sexually transmitted diseases among children and the difficulties in detecting them.

Children who have been sexually abused are often not checked for diseases, she said.

"It's a taboo subject in our society, but we're talking about a huge problem with serious consequences."

Jo-Anne Doherty, a health studies officer for Health and Welfare Canada, said many physicians don't report cases.

They "don't like to think children get sexually transmitted diseases through sexual abuse" and don't want to get involved in time-consuming court cases.

Most doctors and nurses assume children don't have sexually transmitted diseases, said MacDonald.

Doctors and nurses should routinely ask sexually active teenagers and pregnant women how many partners they have had and whether they have had any sexually transmitted diseases. Children should be asked how they have been touched by adults, she added.

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AIDS Services, Program, Insurance Issue, Studies Discussed

Ontario Self-Supporting Project
54200041 Ottawa *THE OTTAWA CITIZEN in English*
19 Apr 88 p A20

[Article by Beth Gorham]

[Text] Toronto—AIDS victims aren't getting the kind of personal, well-rounded care they need to enjoy their final months, says an Ontario group with an ambitious plan to provide that care and have it pay for itself.

The Ontario AIDS Foundation announced Monday the launch of a project to provide "one-stop" care for people with the deadly disease that will include a medical clinic, dental clinic, daycare program, 24-hour access to medical and nursing staff, a legal clinic, social workers, a community center and, eventually, low-cost housing.

It's a unique approach not used elsewhere in the country, said Ron Lentz, the foundation's director of clinical services.

The group, a registered charity formed last November, wants to protect the independence of people infected with AIDS and keep them out of hospital beds for as long as possible.

"It's the simple stuff we miss you know," said Lentz, himself a victim of acquired immunodeficiency syndrome, which attacks the body's ability to resist a wide range of infections.

"We want to build a big hospital with 9,000 beds for people with AIDS, except people with AIDS... want to be at home.

"What we're aiming at is to support people in quality of life for what time they have left."

What is perhaps even more original about the plan is its business-like aspiration to be self-supporting.

The foundation is pitching the project to 100 top corporations and all three levels of government, said Lentz. But after it raises about half of the \$600,000 start-up cost from donations, he expects a \$2-million annual budget to come from within.

"It's really naive and fiscally irresponsible to come up with models for care that depend on a never-ending stream of money from the public purse. We've only got so much to play with."

Lentz said the group will take profits from a downtown medical clinic it hopes to open this fall and put them back into future services that won't make money.

Clinic doctors work for about 50 per cent of billings to the Ontario Health Insurance Plan because they don't have office operation costs. That means the rest of the money would go back to the project.

Small in-house businesses such as a print shop that would do outside work and provide casual employment for people with AIDS is another money-making idea, Lentz said.

He denied the foundation would be duplicating services already available.

He also said people with AIDS need to be protected from "quacks" profiting from the disease by promoting home cures and bogus self-help tapes.

Ottawa Clinic Funding

54200041 Ottawa *THE OTTAWA CITIZEN* in English
23 Apr 88 p A9

[Article by Louise Crosby]

[Text] Ottawa General Hospital has received \$391,000 from the Ontario government to open the province's first comprehensive AIDS out-patience clinic.

Ministry of Health officials said Friday the hospital is getting \$350,000 to operate the clinic in its first year, and \$41,000 for renovations and equipment.

"We're very happy about it," said Michel Bilodeau, the General's vice-president of paramedical services. "It will certainly help patients and their families cope with the problems.

Bilodeau said there is no other one-stop center in Ontario where AIDS patients can get the help they need to cope with their medical and emotional problems.

Work will begin immediately to create office and clinic space on the second floor of the Smyth Road hospital. Although the work may not be finished before September, staff will be hired, and the clinic will begin to operate in a couple of months.

The General already sees about 200 patients who either have AIDS or have tested positive for the AIDS antibody.

That's double the number treated last year and more than two-thirds of the 263 people in the region who have tested positive for the antibody.

But the clinic will expand the services available to patients. It will bring together nurses, doctors, psychologists, social workers, dieticians and clergy for people with acquired immune deficiency syndrome.

Montreal Home Lacks Funds

54200041 Toronto *THE GLOBE AND MAIL* in English
19 Apr 88 p D4

[Text] A home for dying AIDS patients has run out of funds and may not be able to open its doors by mid-summer as planned. Renovations on a three-story townhouse have stopped because donations of services and money have dried up, organizer Denis Hadley said. About \$10,000 worth of renovation work remains to be done and another \$30,000 is needed to hire nursing assistants for round-the-clock care. The home is designed to offer housing to people who have been abandoned by friends and family and not as a medical facility.

Postal Employees' Program

54200041 Toronto *THE GLOBE AND MAIL* in English
21 Apr 88 p B4

[Article by Wilf List]

[Excerpt] Canada Post Corp. is planning a major AIDS-related educational program for its 60,000 employees.

Harold Dunstan, the corporation's general manager of labor relations, said that despite clear medical evidence that AIDS is not transmitted through casual contact, the post office has had to deal with several incidents of employees reacting unfavorably to the presence of fellow workers with AIDS.

Mr Dunstan spoke yesterday at a conference sponsored by Canada Labor Views Co., an industrial research and information service.

He said that because of their immune deficiency, AIDS victims may face a greater hazard from "healthy" employees than those employees do from a worker with AIDS.

Panel members, who included representatives from labor and management, were generally opposed to mandatory testing in the workplace for AIDS and drugs. There was a consensus that tests for drugs and the presence of AIDS are fallible.

The post office has encountered problems caused by doctors and hospitals mailing body fluids to laboratories for AIDS tests, Mr Dunstan said.

He said there have been occasions when containers of such fluids have broken, causing a spill. The solution is more secure packaging as well as instructions and protective equipment.

Life Insurance Companies' Stand

54200041 Windsor *THE WINDSOR STAR* in English
25 Apr 88 p A15

[Article by Richard Siklos]

[Excerpts] Toronto—Addressing Crown Life Insurance Co's annual meeting in Toronto recently, company chairman Michael Burns took a deep breath and told the assembly that "we have taken a number of steps to shelter ourselves from the spectra of AIDS."

Burns assured the group that the company had stepped up its screening of individual life-insurance applicants. Overtime, he added, rates would be adjusted in response to monies paid out to AIDS victims.

While burns emphasized that AIDS has not "significantly" affected Crown Life's mortality expectations to date, it is clear that Crown and other insurers are laboring mightily to shield themselves from the catastrophic potential of the disease.

Last week, in perhaps the most dramatic response yet to the growing threat, London-based Zurich Life Assurance Co. doubled its premiums for term insurance for all men aged 20 to 55 in the UK. The company attributed the premium jumps solely to AIDS.

Michael Kavanagh, corporate actuary for Zurich's Canadian operations in Toronto says Zurich Canada has not doubled its premiums in kind but is reviewing its rates.

The Federal Center for AIDS in Ottawa reports that of 1,665 AIDS cases, 916 people have died.

Charles Black, vice-president of insurance operations for the Canadian Life and Health Insurance Association Inc in Toronto, says that about \$18 million was paid out on AIDS-related death claims to the end of 1987.

Insurance Companies started keeping track of AIDS in the summer of 1985 when the epidemic became publicized, and the amount paid out has mushroomed each year. Some \$10.6 million was paid out in claims last year, compared to just \$1.5 million in 1985. Black notes that a single claim payment of \$2 million to one estate in 1987—the largest yet—makes the statistic a bit of an anomaly.

"It's not an alarming rate, but it is accelerating," he says.

Despite the almost tenfold increase over the past three years, AIDS-related payouts still represent less than one per cent of the total claims paid out by Canadian insurance companies.

But AIDS will still be a drain on insurers. Nancy Powis of McLeod Young Weir Ltd in Toronto estimates that AIDS will cut annual earnings per share of Canadian insurance companies by between 20 per cent and 35 per cent by the mid-1990s, depending on how effective the screening of policy applicants is.

Because insurance premiums are based on anticipated mortality rates, and because AIDS projections are unproven (though considered accurate), insurers will not sell policies to people who have contracted the virus. That approach is controversial in itself, as the AIDS incubation period is said to be as much as 15 years, and it has yet to be seen whether all who test positive for the virus will die.

David MacTavish, vice-president and chief actuary at Mutual Life, completed a study last month that says Canada's AIDS problems may never approach those of the U.S.

The incidence in Canada is about 55 cases per million people, less than one-third that of the United States. But that may not be a decisive factor in the hiking of premiums. In the U.K., where Zurich made its drastic premium increases, the rate of incidence is only 24 cases per million.

Like Crown Life, all insurance companies have lowered their blood-testing threshold for new individual policy applicants because of AIDS—some two or three times. Three years ago, companies customarily required blood tests from applicants for policies in the \$1-million range and over; now, Black says, that threshold is around \$200,000 to \$250,000. In the U.S., companies are testing people at as low as \$100,000 coverage, and some observers expect the limit to go lower than that in both countries.

Most group insurance rates are adjusted every one two or three years and could be pushed upward as AIDS-related payouts increase. In fact, while screening for applicants of individual life insurance is being tightened because of AIDS, many group policies continue to have no screening process at all, although questionnaires and testing have been introduced into smaller policies of up to 15 people.

"It's known in the business that people in high-risk groups have gone out and bought excessive amounts of insurance," says Alastair Rickard, editor of *The Canadian Journal of Life Insurance*, based in Elmira, Ont. "If the rise of AIDS is as dramatic as some people have predicted, what you will see is a great rise in the cost of individual life insurance." And in that scenario, he predicts, "the underwriting of group insurance is going to have to change" to encompass screening of all applicants.

Health Plan Coverage Ban

54200041 Ottawa *THE OTTAWA CITIZEN* in English
25 Apr 88 p A3

[Excerpts] Toronto (CP)—A mass-marketed private health plan from a Quebec-based insurance company has become the first to ban benefits for any AIDS-related diseases.

While insurers have ruled out AIDS-positive people for life insurance, this is the first time in Canada they have been excluded from health insurance, the Toronto STAR reported.

Company officials call the exclusion "the wave of the future" in health insurance while AIDS groups says it's "reprehensible."

A policy sold through the mail by Eaton Life Assurance Co. specifically excludes coverage for "any disease or infection resulting from AIDS... or viruses of the same group."

Genois Vachon, vice-president of Eaton's parent company, Laurentian Mutual Insurance Co, said underwriters don't know enough about the AIDS virus to judge its risk.

"We are not trying to discriminate against anyone," Vachon said. "But the risks of AIDS are not known. We don't know how many will get it or how much it will cost to treat them.

"This is the wave of the future. Other mass-marketed, health-supplement policies will be doing this soon."

Only the direct-mail policy excludes AIDS coverage, Vachon said.

Laurentian doesn't plan to adopt the practice in group policies, such as those provided by employers.

Workplace Survey

54200041 Ottawa *THE OTTAWA CITIZEN* in English
27 apr 88 p C15

[Article by Sheryl Ubelacker]

[Excerpts] Toronto—Many corporations in Canada are concerned about AIDS in the workplace but few have developed policies on how to deal with the disease among their own employees, a survey by CANADIAN BUSINESS magazine indicates.

In the survey of 100 Canadian companies, published in the May issue of the magazine, almost 70 per cent said they were concerned about how the disease will affect the workplace.

But less than a quarter said they had specially tailored policies for dealing with employees with AIDS, and less than one-third have introduced education programs for workers.

While 46 per cent of respondents believed governments and companies should share the responsibility of educating workers about AIDS, almost 60 per cent said they had received no helpful information from government health departments.

However, the Federal Centre for AIDS in Ottawa is putting together an education program aimed at workers. It should be available to employers in the next few months.

Only a tiny percentage of the world's health-care workers—who could be considered at the greatest risk of contracting AIDS on the job—have been infected. In Canada, no medical workers have been found to carry the virus.

CANADIAN BUSINESS magazine contacted 125 Canadian companies, including 100 of the top-rated business, 10 major insurance firms, 10 of the largest food and hospitality companies and five media organizations.

Of those, 100 agreed to be surveyed about how AIDS is affecting Canada's business community.

While a recent U.S. poll found that co-worker fear of AIDS was the single most important concern of businesses, more than 60 per cent of Canadian companies surveyed said they believe their employees are not afraid of working with a colleague with the disease.

Less than one-quarter of company spokesmen said employees had expressed concern about working with a person with AIDS.

Yet almost half the companies surveyed said they would not tell employees if a co-worker had AIDS, while about 45 per cent were not sure whether they would make that disclosure. Five per cent said they would inform other workers.

One of the touchiest inquiries was whether any employees had contracted AIDS or had died from the disease. Twelve companies surveyed refused to answer, even though the magazine guaranteed to keep the information confidential.

More than 20 per cent admitted having employed workers who died or were dying from AIDS—half said they had none, while almost one-quarter were unsure—but only six per cent would say how many employees had the disease.

Ten per cent of companies surveyed said they had considered mandatory testing to determine if a job candidate carries the virus that causes AIDS.

Almost 85 per cent of companies surveyed said AIDS had had no impact on their businesses so far, but about 40 per cent believed that would change in the future.

Respondents' views on AIDS in the workplace ranged from a wait-and-see attitude to viewing it as an urgent problem.

"An executive with one Western oil company simply claims that all his employees are 'happily married with two children,' so that AIDS can't possibly contaminate his office or his city," the magazine article says.

But other managers fear increased medical and disability costs, lawsuits, workplace disruptions, and lost business.

Royal Society Recommendations

54200041 Windsor *THE WINDSOR STAR in English*
28 Apr 88 p D13

[Article by Robin Ludlow]

[Text] Ottawa—Free condoms, needles and syringes should be provided to injection drug users, a major new Canadian report on AIDS urged Wednesday.

Prison inmates should also get condoms and facilities to sterilize their drug needles, according to the Royal Society of Canada.

"To pretend these behaviors (sex and drug use) are not happening can spread the disease," said Mr Justice Horace Krever, one of 34 experts who worked on the year-long, \$240,000 study.

The panel of experts from law, medicine, economics, sociology and ethics also called for more money—\$115 million a year—to be spent on AIDS research and education by federal, provincial and local governments.

In its 48 recommendations, the Royal Society also strongly rejects mandatory AIDS testing of immigrants, inmates, hospital patients, students and teachers or the quarantine and isolation of AIDS victims or carriers.

"The magnitude of the problem doesn't justify repressive measures or the subordination of individual rights," Krever said.

"There is no reason not to continue to be a sensitive, humane, compassionate society."

The 1,200-member Royal Society is Canada's most distinguished academic group, fosters arts and science learning and research and provides arm's length advice to government and other bodies on national issues.

The Health and Welfare Department asked the society a year ago to provide advice on AIDS. Along with the Medical Research Council, Health and Welfare provided the \$240,000 project cost. The participants donated their time and expertise.

They also recommended:

- Anonymous surveys be carried out to estimate the number of infected people in Canada;
- Clinics be available to all Canadians, the so-called "worried well," for voluntary, anonymous testing;
- Safeguards on confidentiality of test results;
- Compensation for people who get AIDS from blood transfusions;

— Better social benefits and financial support, including subsidized housing, for people with AIDS and their families;

— Federal-provincial co-operation on a system to care for AIDS patients;

— Amendment of all human rights legislation to prohibit discrimination based on real or perceived AIDS infection and real or perceived sexual orientation;

— Discouraging infected men and women from having children.

"AIDS is and will continue to be a very serious problem for Canadian society. The implementation of these recommendations is imperative if AIDS is to be controlled...and a catastrophic epidemic avoided," the report concludes.

"The greatest risks are panic on the one hand and complacency on the other...It is our hope that the report will reduce anxiety and prejudice and encourage an effective national attack on the problem."

A total of 1,719 AIDS cases have been diagnosed in Canada as of this week but 960 of them, 56 per cent, are already dead.

The study estimates 30,000 to 50,000 Canadians—as many as one in 500—are infected with and carrying the AIDS virus.

Ten per cent of infected people develop AIDS within four years and more than a third of them within seven years. It is thought that all infected people might ultimately develop AIDS.

Some estimates project that as many as 11,000 Canadians will have developed AIDS by 1992 when it is expected to become the leading cause of death for males between 20 and 49.

In providing for the first time estimated costs of AIDS to society, the study says prevention of one case will save the health care system at least \$100,000 in direct costs, including \$82,500 needed to treat a patient from diagnosis to death.

The experts say direct treatment and prevention costs were \$129 million last year with indirect costs—such as loss from premature death—as high as \$350 million.

Neither an AIDS cure nor a vaccine against infection are imminent so the focus is on prevention through education—"the best AIDS vaccine there is," according to Krever.

The report says "the largest responsibility avoiding illness" rests with individuals.

It says AIDS transmission routes are known with certainty: by unprotected anal-receptive sex with an

infected male, unprotected vaginal sex with an infected person, from contaminated needles, from an infected mother to her child, from infected blood or blood products or from organs transplanted from an infected person.

AIDS cannot be spread by casual contact, saliva, insect bites, toilet seats, drinking glasses or swimming pools.

07310

Official Says Hepatitis Outbreak Over
OW0906202388 Beijing XINHUA in English
0034 GMT 9 Jun 88

[Text] Beijing, June 9 (XINHUA)—The outbreak of hepatitis A that affected several parts of the country since the beginning of the year is now over, reported today's "CHINA DAILY".

In Shanghai, the daily average incidence of hepatitis A is now down to a normal level of about 90 cases, said Wang Zhao, director of the acute infectious diseases control office under the Ministry of Public Health.

Between January 19 and May 26, there had been a total of 311,938 cases, including 30 deaths, she told CHINA DAILY this week.

The hepatitis A incidence in Shanghai began to return to normal in late March and early April, thanks to the effective control and prevention measures the municipal government took to curb the spread of the disease, Wang said.

Because clams put on sale last December in Shanghai were found contaminated with hepatitis A virus, the city put restrictions on production and sales of clams, Wang said. The municipal government has strengthened sanitation supervision and regulations to prevent food and drinking water from being polluted by garbage and sewage.

Meanwhile, in the neighbouring Jiangsu Province, the spread of hepatitis A also was brought under control, Wang said. As of May 10, there had been 70,453 cases in 11 prefectures and cities in the province.

HONG KONG

Outbreak of Measles Spreads, Sparks Broad Concerns

New Deaths

54400102a Hong Kong *SOUTH CHINA MORNING POST* in English 17 May 88 p 1

[Article by Mary Ann Benitez]

[Text] Two children aged 18 months and 10-1/2 years have died of measles, bringing to five the number of fatalities in the current outbreak.

However, the Medical and Health Department yesterday refused to release any more details about the children.

It is believed the two children had not been vaccinated against the common childhood disease, certain complications of which was usually fatal.

The health authorities said the outbreak had not tapered off and urged parents to have their children vaccinated.

Vaccination is the only effective way to prevent measles or induce a milder dose of the disease if the child is already infected although not showing familiar symptoms of red spots on the body.

A total of 1,999 children have come down with measles since January this year, compared with 1,863 people in the last outbreak in 1982, during which five died.

The department spokesman also said a total of 24,210 children had been vaccinated through its emergency program.

Under the scheme, babies as young as 6 months can be inoculated at any of the maternal and child health centres. The department advanced the inoculation age from one year during the current outbreak which has also affected young babies.

Children aged 6 years to 14 years can be inoculated at Tang Shiu Kin Hospital, Yau Ma Tei Jockey Club Clinic, Kwun Tong Jockey Club Clinic, Lady Trench Polyclinic and Lek Yuen Health Centre.

Children who had been vaccinated before they were one year old were advised to receive a booster.

A hotline in Chinese for information about measles has also been set up. The number is 5-8383232.

The department said that the outbreak could have started from non-vaccinated individuals as a number of babies have not been inoculated despite introduction of the mass immunisation program in 1967.

It first became concerned after 787 measles cases were recorded between January and March—more than four times the 1987 figures. Three youngsters died earlier in the year aged 1, 4 and 13.

Macau has also reported a measles outbreak which began in March. Nine children had died, out of 503 cases as of 30 April.

Fear of Other Infectious Diseases

54400102a Hong Kong *HONGKONG STANDARD* in English 17 May 88 p 1

[Article by Fiona MacMahon]

[Excerpts] An outbreak of German measles in a crowded Vietnamese refugee camp has top officials seriously concerned that even more highly infectious diseases could strike this summer.

The Government and the United Nations High Commission for Refugees (UNHCR) have admitted they are concerned about the potential danger of an outbreak of infectious diseases like cholera and measles in the overcrowded closed camps.

Their concern was spurred by more than 140 cases of German measles reported at Chi Ma Wan closed camp since 25 April.

A member of the Legco ad hoc group on Vietnamese Refugees, Mr Yeung Po-kwan, said the group would consider the recommendations of the Medical and Health Department if there was a serious outbreak.

Mr Yeung conceded that if the Medical and Health Department asked for more funds their request would be seriously considered, because "health should come first."

"The ad hoc group will consider anything as long as there is justification for it," he said.

An outbreak of cholera or measles could wreak havoc as the Government is already struggling to house the present Vietnamese population of about 12,500. This time last year there were only about 7,600 refugees.

Concern has been intensified by the influx and the fact that communicable diseases spread more rapidly in the hot and humid summer months. The concern is accented by the outbreak of German measles/rubella in Chi Ma Wan, which is meant to hold 2,000 boat people and is in fact holding 2,565.

Since the first case on 25 April, German measles has affected 142 people between the ages of one and 36 in the camp.

According to the Medical and Health Department all women between the ages of 15 and 50 are being inoculated against the disease and all expectant mothers checked.

It is understood there have never been any other outbreaks of infectious diseases in the refugee camps since Hongkong first started accepting refugees in 1979.

The Government has stressed that a close and careful watch is being maintained on the boat people by the Medical and Health Department and the Auxiliary Medical Services.

The three closed camps—Chi Ma Wan, Hei Ling Chau and Bowring Camp in Tuen Mun—each have one full-time doctor and a contingent of nurses.

[On 18 May, page 3, the paper reports that "eight more cases of German measles have been reported at the Chi Ma Wan closed camp for Vietnamese refugees. The eight, three women and five men, bring the total number of cases to 150 in the last 3 weeks although the Medical and Health Department yesterday stressed there was no cause for alarm.

"The department explained efforts were being made to contain the disease by keeping the victims, 112 men and 38 women, in one hut, although not in quarantine."]

/9604

Water Pollution Seen as Potential Spur to Diseases

54400102b Hong Kong *SOUTH CHINA MORNING POST* in English 25 May 88 p 3

[Article by Jacqueline Lee]

[Text] Growing water pollution in Hongkong is making the environment vulnerable to the spread of disease, an environmental expert said yesterday.

Principal Environmental Protection Officer (Water Policy), Mr Paul Holmes, said the population would have suffered much more if not for the high health care standards and good quality of the drinking water here.

"The water pollution we experience in Hongkong poses a definite health risk, though the risk of actually catching anything is relatively low and the disease is relatively mild."

He said Hongkong people faced the constant risk of hepatitis and of many minor irritations like gastrointestinal ailments and eye and skin discomfort.

"We're not experiencing many of the health problems that occur with polluted water in some other sub-tropical and tropical countries like cholera and typhoid. This is only because we have a high standard of health care and we are fortunate that we don't have the diseases in the environment waiting to strike us.

"But many people are coming into Hongkong every day and we will face a considerable risk if these diseases got into the population," he said.

A health care publication in China, *HEALTH JOURNAL*, has blamed water polluted by human excrement for the hepatitis A epidemic in Shanghai between January and March, officially affecting 290,000 people and leaving 11 dead.

The journal identified clams infected by untreated human excrement discharged into the city's waterways as the culprit for the epidemic, the world's worst.

Mr Holmes said there was no direct evidence to blame the cause of the local outbreak earlier this year on water polluted by human and animal excrement.

But the department is experimenting with a new biological technique to detect hepatitis A virus in shellfish.

"We've got strong reasons for expecting to find the virus in shellfish but until we finish with the study we can't be sure," he said.

The highly complicated technique was invented 5 years ago and became generally available only about a year ago, he said.

If the tests prove positive, the Government might consider compulsory depuration of all shellfish before they go on sale, said Mr Holmes.

Depuration is a process of disinfecting shellfish by placing them in a big tank of clean and disinfected sea water for a few days.

/9604

ROMANIA

Efforts To Combat AIDS Reviewed

54003002 Bucharest SANATATEA in Romanian No 3,
Mar 88 pp 12-13

[Article by Lucian Huiban: "AIDS—An Illness That Can Be Prevented"]

[Excerpts] The 42d United Nations General Assembly, in October 1987 passed by consensus a resolution which calls on the member states to establish national educational programs for the prevention and control of AIDS in conformity with the overall WHO strategy for this illness. For the first time, this UN assembly called upon all states to take decisive measures to overcome a disease. On this occasion, UN Secretary General Javier Perez de Cuellar declared: "AIDS is one of those critical problems, like nuclear weapons, world economic development and pollution of the environment, which affect the future of all mankind."

The International Seminar of East European Red Cross Societies held in Warsaw in October 1987 to discuss AIDS, stressed in its final document the need for all national societies to develop appropriate health information programs concerning AIDS. It also noted that AIDS, "even if it does not now present a priority health problem in East European countries, is a serious threat to become one and it is essential to act now if we wish to avoid a worsening of the situation."

As the result of letters to the editor expressing interest in this disease, we have invited a "roundtable" of experts to give us a succinct, up-to-date picture of this disease, although there are certain aspects of it that are not yet fully understood. Graciously accepting our invitation are: Prof Dr Nicolae Cajal, corresponding member of the Romanian Academy of Sciences, director of the Stephan S. Nicolau Institute on Viruses of the Academy of Medical Sciences, and member of the Ministry of Health's Commission of Specialists on HIV Infections; Prof Dr Marin Voiculescu, corresponding member of the Academy of the Socialist Republic of Romania and president of the Union of Medical Science Societies; Dr Vlad Apateanu, director of the Ministry of Health's Hematology Center, chief of the Center for Cooperation with WHO for Matters of Hematology and Transfusions, Bucharest, and member of the Ministry of Health's Commission of Specialists on HIV Infections; and Dr Alexandru Calomfirescu, chief of the Epidemiology of Infectious Diseases Laboratory of the Institute of Public Health and Hygiene and member of the Ministry of Health's Commission of Specialists for HIV Infections. At the conclusion, we will present observations of Dr Petre Ciobanu, Ministry of Health deputy director and chief inspector of the Central State Health Inspectorate as well as vice chairman of the Ministry of Health's Commission of Specialists on HIV infections.

Moderator: If the HIV virus is present in the blood of those who are infected, a blood transfusion can be a way to transmit the disease.

Dr V. Apateanu: A blood transfusion can be a way to transmit the HIV virus. It has been the cause of 2 percent of the 43,533 cases of AIDS infections in the United States as of November 1987, the country with the highest incidence of AIDS. It must be noted, however, that it is also the country with the widest distribution of high risk groups for AIDS; namely homosexuals, prostitutes and intravenous drug users. Furthermore, when interpreting this percentage, we must not forget that most of these cases began—first asymptotically and later with clinical signs—when the pathogenic agent (HIV) was unknown and when the epidemiology was not clear. The situation is completely different in a country such as ours where this is no AIDS epidemic, where all the epidemiologic factors are known and where we have no high-risk group as blood donors. Thus, the risk of AIDS transmission through blood transfusion is very low and diminishing all the time, as not only medical personnel, but the entire population is informed in this regard.

Moderator: This is a question asked by some donors; can they be infected?

Dr Apateanu: A blood donor cannot be at any risk through the act of donating. This is true both for countries with AIDS epidemics and for those without. Why? Very simple. Because the drawing of blood as in our country is done with sterile needles which are used only once and which in no way can threaten the donor because they cannot be contaminated with any virulent disease. There is a theoretical problem for blood recipients however. Thus the first preventive measure we take is to medically examine every donor for symptoms which could suggest HIV infection. Doctors who work in blood donation centers are very well trained in this regard. We should add that to date, we have not encountered a single person with such symptoms. A further precaution is to reject any potential donor, even if lacking specific symptoms, who belongs to a high-risk group (homosexuals, intravenous drug users or prostitutes).

Moderator: Are there other prophylactic measures that can be taken for blood transfusions?

Dr Apateanu: Blood transfusion is a therapy which carries risks with it. There is the risk of immunization, of incompatibility, and in our country, the risk of viral B hepatitis transmission. Of course, for each of these risks there are methods to eliminate them, however none of them are 100 percent safe. It is because of this, by definition, that blood transfusion is, as I have said, a therapy with attendant risks. Faced with this situation, an essential prophylactic measure is the use of transfusions only in cases where the danger to the life of the patient is greater than the inherent risks of transfusions. In our country, transfusions are given very judiciously, and needless transfusions are avoided. Furthermore, for

those patients for whom surgery can be scheduled in advance, we recommend they undergo pre-operation blood collection for self-transfusions, as the safest and most compatible blood for transfusions is your own. Of course, self-transfusions are possible only for patients who are not anemic or have no other evident contrary indications (hypertension over 200 mm col Hg, blood flow blockages or heart irregularities). In any case, there are a large number of patients who can be operated upon using their own blood, a fact which has great benefits for them and allows the use of blood supplies for great hemorrhaging where life cannot be saved except through the blood of donors.

Moderator: Why is it that AIDS still raises problems in diagnosis?

Prof Dr Marin Voiculescu: At the outset, diagnosis is difficult to establish because the illness does not have a characteristic clinical delineation. On the other hand, we should not jump to conclusions. It is essential that when there are no clinical signs, and other illnesses have been eliminated, we must consider the epidemiologic context. Thus, there are some countries with many cases of AIDS and others with fewer, as with the countries of Eastern Europe. Of course, in making diagnosis, one must take into consideration other factors: the behavior of the patient, if he falls into a risk category, if he has multiple sexual relations or relations with foreigners who come from countries with a high incidence of AIDS, or if he has travelled in areas where there is an epidemic and he had intimate contact with someone infected with the HIV virus.

Moderator: Although there are no treatments at present, there are, at least, efforts in this direction.

Prof Dr Marin Voiculescu: Specific treatment is made with Retrovir (AZT or Azidotimidine). This medicine impedes multiplication of the virus; thus the immune function is repaired. But the improvement is temporary. It does prolong life, but it has never stopped death and it has side effects which require other treatment—side effects which cannot be tolerated for long periods. Other anti-viral medicines such as Foscarnet, Suramin, Interferon Alpha etc. are, in fact, attempts without results. Other non-specific, opportunistic treatment of infections do not work. The single safe solution is the prophylactic of absolute, life-long monogamy.

Moderator: There is no good treatment and there is, as yet, no vaccine. We really can only rely on prevention. Please outline the measures which have been accomplished in this regard.

Dr Alex Calomfirescu: Transmission through blood transfusions can be prevented by medical screening of donors and eliminating suspect donations. Transmission through medical instruments can be prevented given the weak resistance of the virus to the usual methods of disinfection and sterilization. A special problem for

which the safeguarding of one's own health reverts to each individual is the transmission of AIDS sexually. Today, under the threat of this disease there is, world wide, a current of psychological restructuring, a current which has a serious impact on sexual life. To prevent the disease, along with using prophylactics, sexual perversions must be eliminated, as also sexual promiscuity—choosing and changing partners at will—and the frequenting of prostitutes, etc. A sober sex life, with established partners, a return to the old ideals of a healthy family life are, in fact, the best measures of prevention. If society has the obligation to take measures to impede the transmission through blood transfusions and to provide health education, then the ill and those infected with the HIV virus have the moral and legal obligation to take all measures so that they do not transmit their illness through any means (for example, sexually, or by borrowing razors or tooth brushes, etc.). Furthermore, they must declare themselves should they be asked to donate blood so that they will be excluded. Furthermore, we state that they will be a victim of no discrimination in medical consultation, hospitalization or treatment (including dental treatment) but they must declare their infection so that measures can be taken to impede the transmission of their infection.

Moderator: As we have learned from our invited guests, AIDS is not now a problem in Romania. Comrade Dr Petre Ciobanu, how many cases are there and what can be done to prevent an epidemic?

Dr Petre Ciobanu: Indeed, compared to Western Europe, not to mention other continents, AIDS does not yet represent a problem in Romania. Currently, the number of cases are as follows: Five confirmed cases of AIDS, of which three are Romanian citizens and two are from African countries. Five cases of ARC and 11 asymptomatic seropositive cases. Although the number of AIDS cases is small, about .13 per million persons, we cannot remain passive and let it run its course. We face a perilous virus which does not recognize any geographical boundary or social barrier. Precisely because we have this disease under control we must do everything possible to impede its spread. AIDS is a disease which definitely can be prevented. The Ministry of Health, through its Commission of Specialists on HIV Infections, has taken appropriate measures, measures in line with the WHO special program for combating AIDS. Thus, for example, in the Clinic for Infectious and Tropical Diseases in the Dr Victor Babes Hospital in Bucharest, there is a serologic laboratory for identifying anti-HIV antibodies. We are testing persons from high-risk groups to identify those with HIV infection. Furthermore, we have given courses throughout the medical community so that any doctor can make a clinical diagnosis of this case. Epidemiologists are actively seeking out cases of HIV-infected people and their possible contacts so that appropriate measures can be taken. Also we have organized and will continue to organize public health educational programs regarding the risks this disease poses, the way it is transmitted and the means of

prevention. Indeed, this "round table" in SANATATEA is part of the overall effort to prevent HIV infections. Only by knowing the causes can you fight the affliction and this is true with AIDS, a disease which constitutes a grave health risk in many Western countries.

Moderator: Simply by educating the populace, one does not achieve prevention. Every one of us has to participate conscientiously to protect our own health.

Dr. Petre Ciobanu: This year, the slogan for World Health Day is, "Health for Everyone, Everyone for Health." When we refer to health, we do not simply mean programs for vaccinations, for example, or medical treatment for the suffering. In the strategy proposed by the World Health Organization, there is, of course, that part which depends on each person to defend

himself or herself from disease. A certain way of life, a healthy moral climate, the respect for the basic rules of hygiene and the care for one's health are nothing more than "Everyone for Health." I do not want to repeat all the means of prevention which everyone has available to them. But everyone must understand that safe prevention cannot be achieved without the participation of every citizen, without protecting the health of the family, and without the respect for the moral norms of society.

Moderator: I would like to thank all the participants and close this roundtable with the hope that what our guests have said today will be appropriately reflected upon by our readers.

12280

BERMUDA

Latest AIDS Figures; Heterosexuals Being Infected

54400101 Hamilton *THE ROYAL GAZETTE* in English 7 May 88 p 2

[Text] The AIDS virus is spreading.

The disease in Bermuda continues to kill mostly intravenous drug abusers, but statistics revealed by the Chief Medical Officer yesterday show AIDS increasing among heterosexuals.

Ten of Bermuda's 75 AIDS cases are attributed to heterosexual contact, four of those men who have caught AIDS from women—a ratio significantly above the US national average.

In addition, medical officials are unable to pinpoint the cause of four other AIDS cases.

Chief Medical Officer Dr. John Cann said it was not possible to draw conclusions from the latest statistics:

"Accurate estimates of the prevalence and rate of spread of HIV infection in the general population are not possible at the present time."

However, records to the end of 1987 show the pool of infected individuals large and growing: 178 people were identified as infected by the virus. Of that total, 20 had some AIDS-related symptoms while 132 were described as asymptomatic.

In the first three months of the year, three more people were identified as having the full-blown disease. Medical officials have now identified a total of 75 AIDS cases.

During the same period, four people died of the disease, bringing the Island's death toll since records began to 58.

The majority of cases have occurred among people 20 to 49 years old. One case involved a child between one and four years old.

AIDS continues to kill mostly intravenous drug abusers though they are accounting for fewer cases when expressed as a percentage.

Medical statistics show AIDS has infected 44 intravenous drug abusers, 15 homosexuals, ten sexual partners of drug abusers, one blood transfusion patient.

Medical officials have not been able to pinpoint the source of the disease in four other people.

CHILE

Recent AIDS Case Raises Country Total to 69

54002026 Santiago *LA TERCERA DE LA HORA* in Spanish 19 Apr 88 p 13

[Text] Yesterday the health authorities confirmed a third case of AIDS in Chile. The patient is a woman suffering from acquired immune deficiency syndrome.

She was included in the quarterly epidemiological disease report which the Ministry of Health provides to the World Health Organization (WHO).

The report for the first quarter of 1988 shows that a total of 69 cases of AIDS have been reported, of which 31 have proved fatal.

This report included a third woman suffering from the disease who had not been included in the last 1987 report. For the time being, the report stands at one pediatric case confirmed to date.

According to this information, seven new cases of AIDS were reported between January and March of this year, since 62 patients were reported to the WHO as of December 1987.

In terms of the risk factors, the largest number of patients fall in the homosexual group (32 cases), followed by bisexual men, with 18 cases. Also, eight cases, including two women patients, are believed due to heterosexual contact, while three other patients, one of them a woman, contracted the disease through a blood transfusion. Three patients fall in the unknown group in terms of risk factor, and the last two include a pediatric case and a hemophiliac.

This quarterly report is a part of the strategy being pursued by the WHO internationally to control the disease, which has taken on epidemic proportions in a large number of countries.

On the local level, each member nation of the WHO is pursuing its own specific program for dealing with the disease. Where Chile is concerned, an extensive educational program is now under way to inform the community about dealing with and controlling this serious illness.

In this connection, training workshops are being held for health teams, as are seminars for teachers on the various aspects of AIDS, including chemical background. However, special emphasis is placed on prevention.

MEXICO

Problem of Undetected AIDS Cases Cited *54002025b Mexico City EXCELSIOR in Spanish* *12 Apr 88 STATES Section pp 1, 3*

[Article by Enrique Pedroza Flores]

[Text] Ciudad Victoria, Tamaulipas, 11 April—"There are 30 AIDS carriers in this state; five of them died in Tampico and on the border," said Santiago Vidal Balboa, the state representative of the health sector. "The disease has not yet reached alarming proportions in Tamaulipas; we occupy 15th place nationally in terms of infection with the disease."

Vidal Balboa reported that, in the statistics the state Health and Welfare Secretariat (SSA) deals with, Mexico City has a higher number of AIDS carriers, following Monterrey and all of Texas, in the United States, where the number of people infected is alarming.

He lead us to understand that constant medical vigilance is maintained throughout the entire state by the SSA, chiefly in the border zone—especially in Nuevo Laredo—since it is the municipality through which the largest number of tourists flow daily.

And he asserted that the number of individuals infected with AIDS who are not aware that they are carriers of the disease is 10 times greater than the statistics for those who have already been definitely located and identified.

With respect to this, he explained: "While the symptoms of ordinary influenza appear 2 weeks after the germ has been transmitted, the time it takes for it to wreak havoc with the defenses of the infected individual's organism, with AIDS they do not appear until 7 years of infection have passed.

He stated that, in view of the proportions AIDS is assuming as well as the existence of underground statistics on cases that have not yet been detected, the SSA is maintaining constant vigilance throughout the country in all the municipalities, chiefly in those that are certain sources of infection and which are visited by travelers from other countries.

11466

Two AIDS Cases in Tlaxcala *54002025a Mexico City EXCELSIOR in Spanish* *21 Apr 88 STATES Section p 2*

[Article by EXCELSIOR correspondent Valentin Ahuactzi]

[Text] Tlaxcala, Tlaxcala, 20 April—"We have been notified of only two cases of acquired immunodeficiency syndrome in this state," Alejandro Guarneros Chumacero and Victor Fragos Galeana, the medical care coordinator of the Mexican Social Security Institute, informed us.

The two victims of the disease died last year after 5 years of treatment, they added.

They went on to say that the two victims contracted the disease in Quintana Roo and in the Federal District and that the disease, for which they were treated in the Calpulalpan Hospital Unit, first became apparent 5 years ago.

They indicated that four laboratory tests confirmed the presence of the disease in the two individuals.

However, despite these sole cases of AIDS, health authorities have intensified their programs for uncovering the disease among the population.

11466

VENEZUELA

Malaria Incidence Higher Than Official Statistics Reveal

54002023 Caracas EL NACIONAL in Spanish
23 Mar 88 Sec C p 7

[Text] Cases of malaria, not yellow fever, were recorded in Barquisimeto, according to Jose Antonio Anselmi, head of the Department of Yellow Fever and Plague of the Ministry of Health. He emphasized that this disease has not been seen in the country since 1980.

He noted: "Many people confuse yellow fever with malaria but these diseases must be differentiated. Malaria is caused by a parasite and yellow fever by a virus called flavovirus. The latter disease has the advantage of being completely controlled by a vaccine. This has not yet been possible with malaria."

He said that the Lara health authorities reported to him that there are 10 people from other regions of the country hospitalized there. Analyses revealed the malarial infection and they are receiving the proper treatment. This caused confusion in the reports published in a local newspaper.

He revealed that, due to the continual vaccination campaigns against yellow fever, there have not been any human cases in 7 years. From 1942 to December 1987, 17 million doses of yellow fever vaccine were given in the country. About 80 percent of the population is protected each year against this disease.

He emphasized: "We have yellow fever contained since the campaigns are aimed specifically at endemic zones like San Camilo, south of the Maracaibo and the Guayanes, in Bolivar. Control of the zones bordering Colombia, Guyana, and Brazil where this disease is a problem has been emphasized."

He added that epidemiological vigilance is carried out through 10 camps with radio transmitters in daily contact with the central office. They report on the progress of the campaign and any new developments. Also there is direct contact with the 22 subregional health centers in the country and their epidemiologists.

He indicated that another factor which is helping to control the disease is health education aimed at the people and at the health personnel. This educational program is carried out from the health district to the smallest dispensary in the rural zones.

Dr Anselmi said it is very satisfying that the section of the WHO epidemiological bulletin where incidence of yellow fever in Venezuela is listed has been blank since 1980.

According to the deputy for Bolivar and vice president of the Parliamentary Bloc of Guayana, Rafael Rodriguez Acosta, Minister of Health Francisco Montbrun did not deserve the line in EL NACIONAL that said: "Montbrun is going to war." According to him, the malaria problem in the region merits more attention from the health official.

In his opinion, a trip that should have meant effective work to combat the scourge turned into a tourist trip to Guayana.

He said: "Minister Montbrun traveled directly from Caracas to El Dorado without having contact with the residents there. He went to the Las Claritas region which is inhabited by miners who certainly do not receive any assistance from the national and regional government. In statements given to EL NACIONAL when he returned, he used terminology to refer to the malaria problem which would be more appropriate for ministers of energy and environment."

Rodriguez Acosta indicated that Dr Montbrun did not mention that more than 2,000 cases have been officially detected in Bolivar this year. According to confidential information he has from the MSAS [Ministry of Health and Social Welfare] itself in Guayana, this could reach 35,000 to 45,000 cases.

He indicated: "Engineer Pedro Noriega, head of malaria in Guayana, publicly acknowledged that 17,000 cases were detected last year. We regret that this trip has been a tourist trip and he has not been in touch with the reality of the increase in malaria in the hills of Imataca. He did not visit Tumeremo Hospital where doctors have declared an emergency because of the number of malaria patients nor the Ruiz y Paez Hospital in Ciudad Bolivar where there are many patients who cannot be treated because it is too crowded."

7717

EGYPT

Medical Research Institute Begins Testing for AIDS

54004616 Cairo AL-AKHBAR in Arabic 17 May 88 p 6

[Text] The Immunity Department at the Institute of Medical Research for Tropical Countries has finished supplying the necessary tests for AIDS.

This was stated by Dr Sadiq Mashriqi, specialist and consultant on immunity and allergies at the institute. He said that the testing group had tested 1,000 blood samples so far and that all of them were free of the AIDS virus.

He added that the institute also supplied the necessary tests for diagnosing allergies by type, whether they be thoracic, bronchial asthmatic, dermal, ocular, nasal, or others.

He explained that the institute has various vaccines that are provided at economical prices for any case in the form of an injection. This comes after determining the dosage and number of applications according to the circumstances of each case.

INDIA

Children's 'Mysterious Disease' in Uttar Pradesh

54500138 New Delhi PATRIOT in English
12 May 88 p 1

[Text] As many as twenty-one children died due to a mysterious disease in Chanju Patwar circle of Chuhan sub-division in Chamba district today, official reports received here tonight said.

Minister of State for Health Kaul Singh confirmed having received a report about the deaths of children in the area but said the exact death toll was still awaited.

He said that authorities concerned had been instructed to rush doctors with medicines in sufficient quantities to the affected area.

Expressing shock over the incident, he said, if needed a team of doctors would be sent from the State medical college here.

In the absence of means of communications from Chanju, which is the interior most region in the Chuhan sub-division of the district, Mr Kaul Singh said the first report from the "patwari", of the area about the deaths reached the State headquarters only today.

He said the cause of the killer disease was not immediately known.

Quoting the report, he said the symptoms of the disease included high fever with shivering and distention of abdomen.

An unconfirmed report reaching here said the deaths were due to suspected food poisoning.

/9738

Scientists Report Breakthrough in Rabies Research

54500139 New Delhi PATRIOT in English
2 May 88 p 5

[Text] Doctors at the All India Institute of Medical Sciences have reported the survival of two rabies patients following a new treatment, indicating a possible cure for one of the most dreaded viral diseases in the world, reports PTI.

Dr. G.R. Gode, former head of the institute's anesthesia department, who conducted the research, said this was the first instance in the world where rabies patients, who had developed the disease in spite of vaccination, survived following a specific course of treatment. Prior to this, only three isolated cases of survival following intensive care measures had been reported worldwide.

"We have found a definite direction for treatment of rabies", Dr. Gode, who was appointed Professor Emeritus by the Indian Council of Medical Research recently, said.

The new treatment comprised a high dose of vitamin C and dilantin, an anti-convulsant and general membrane stabiliser, along with intensive care measures, including close monitoring of the body's fluids. However, further studies on the specific regime and duration of treatment were needed, Dr. Gode said.

Under an ICMR-funded project, Dr. Gode's team studied 54 rabies patients who had developed the disease after dog-bites. The first 17 were given cytosine arabinoside (an anti-viral drug), a nucleic acid-lipoprotein complex, and interferon inducers along with intensive care measures.

Interferons are substances produced by the body to protect against further development of the disease.

The doctors found that even though the patients survived for a long time, they ultimately succumbed to the disease, which claimed over 50,000 lives annually the world over.

The next 37 were given a high dose of vitamin C and dilantin, along with intensive care measures. "The disease process was less severe and the quality of life better", Dr. Gode said. There was a significant decrease

in the severity of clinical symptoms like convulsions, electrolyte imbalance, hypersalivation, hyperlacrimation, acidosis, paralysis and coma.

Of the 37, six were cured of rabies, but they died of other complications related to intensive care measures. Two others survived.

The first, an 18-year-old college boy from Gurgaon in Haryana, was cured about years ago and the second, an 11-year-old school boy from Delhi was cured five months back.

The breakthrough was achieved after nearly two decades of research by the doctors at the institute. Although modern vaccines were safe and effective against the casual virus, yet some animal-bite victims developed the disease either because the vaccine was not well-protected or potent, or because of susceptibility of the patient.

In India, nearly 30 percent of the people who had undergone anti-rabies vaccination developed the disease. The Gurgaon boy developed rabies two weeks after vaccination and the Delhi boy four weeks after.

Described by the doctors as an 'invariably fatal disease', rabies is transmitted to humans through the bite of an infected animal. In India, dog was the most common vector of the disease, with 96 to 99.5 percent of the patients being victims of dog-bites. Other vectors included cats, mice, foxes, bears and hyenas.

There were about 15,000 reported deaths in the country due to rabies, but doctors feared that the actual number might be much higher.

When a man was bitten by an infected animal, the virus entered the central nervous system, where it multiplied. From here, it again moved through the nerves to the salivary glands where it was excreted.

In humans, the location of the bite determined how quickly and severely the symptoms developed. If the bite was near the face, they developed very quickly but took some time to appear if the bite was in the leg.

The clinical symptoms developed once the virus entered the central nervous system. The period between the bite and onset of symptoms, known as incubation period, varied from 15 days to six months, and sometimes could be even one or two years.

Death usually occurred within a week after the onset of symptoms and could be due to exhaustion, asphyxia, general exhaustion or a combination of all three factors.

The disease often began with fever, depression and restlessness and was followed by excessive salivation and painful spasms of throat muscles. The violent spasms caused the patient to avoid swallowing of water even when very thirsty. This "hydrophobia" was characteristic of rabies.

There were two primary steps in eliminating the disease in animal populations, according to experts. Firstly, destroying stray domestic animals to avoid the build-up of a possible reservoir for the rabies virus, and secondly, vaccinating domestic animals against the disease.

/9738

MOROCCO

Health Minister Responds to AIDS, Health Care Concerns

54004613 Casablanca AL-BAYANE in French
16 Apr 88 p 2

[Text] During the "question and answer" session of the House of Representatives on Tuesday, Minister of Public Health Taieb Bencheikh said that the number of AIDS cases recorded in Morocco is 20, mainly comprised of individuals who have traveled abroad.

In response to questions put to him by RNI [National Rally of Independents] and UC [Constitutional Union Party] deputies, the minister said, concerning the risk of contagion, that experts agree there is no risk of contracting the disease from greeting AIDS victims, using utensils they may have used, kissing or sharing public baths or bathrooms with them.

Recalling the AIDS conference in London that brought specialists together from 150 countries, the minister observed that the disease is spread through blood, sexual contact or transmission of the virus from mother to fetus.

Statistics drawn up early in the year put the number of AIDS cases in the world at 75,000, and this figure is expected to reach 150,000 by the end of the year, if one considers the speed with which the disease is spreading.

Bencheikh further said that contrary to rumors, no vaccine or drug effective in the treatment of AIDS yet exists in the world.

The minister added that for the purpose of fighting the disease, the Ministry of Public Health has set up blood testing at donor centers to ensure that blood products do not contain the virus for AIDS or other diseases such as viral hepatitis and syphilis.

A national awareness committee made up of experts has been set up to plan an education and prevention program. Its work began, he noted, with an awareness campaign among doctors and nurses at hospitals and

with lectures and seminars in the provinces. Coordinating work is now underway with other ministries to conduct an intensive awareness campaign based on Islamic morals and education.

With respect to diagnosis by means of the scanner and breakdowns of such machines, the subject of questions put to the minister by USFP [Socialist Union of Popular Forces] deputies, Bencheikh said that such questions are all the more pertinent because they raise the issue of equipment, particularly the scanner. In all honesty, he said, such equipment have become obsolete. The length of service of X-ray diagnostic equipment varies between 10 and 15 years, after which one can easily understand the problem of breakdowns. The only possible solution consists, the minister said, in replacing the diagnostic equipment at university hospitals, but we do not have the means to do so all at once. We have therefore chosen to replace obsolete equipment gradually, he said.

Concerning maintenance, the minister said that a special agency made up of specialists has been set up to handle the problem.

Despite the scant means of the Ministry of Public Health, Bencheikh said, it has managed to buy the equipment needed for certain hospitals, such as Beni Mellal, Sidi Kacem and Guelmim.

Regarding the construction of a specialized regional hospital in Ben Ahmed and the completion of the Beni Mellal hospital, the minister said that the Ben Ahmed region hospital will have a capacity of 90 beds for general medicine, surgery, pediatrics, obstetrics and rehabilitation. Construction work on the first section of the hospital will soon be finished. The second phase of the work will involve remodeling existing buildings and

construction of new premises for certain departments. Studies for this phase have been completed and construction contracts are being approved, he said, noting that the actual work will begin in the very near future.

Concerning the Beni Mellal hospital, Bencheikh said that the institution is 90-percent complete. The remaining portion will be finished this year.

In answer to a question about the "deterioration of health" in rural areas, the minister gave detailed explanations about the situation and efforts being made by his ministry to bring public health services closer to the citizenry, particularly people in remote regions. He said that at the present time, there are 1,181 rural health centers responsible for medical and paramedical diagnosis, medical care, vaccinations, prevention, education and the protection of mothers and children.

The minister added that medical care in rural areas is also provided by visiting nurses and mobile units whose mission is to try to reach the entire population.

Bencheikh added that among the 100 establishments completed in 1987, 70 were built in rural areas.

Among these hospitals are Beni Mellal, at an estimated cost of 55 million dirhams, Bouarfa (40 million), Guelmim (30 million) and Sidi Kacem (40 million), along with 17 health centers, 43 rural clinics, 23 maternity hospitals and 3 treatment rooms.

The minister also reminded his listeners of the national vaccination campaign organized last year, which reached 1.5 million children and 1.6 million women. (MAP)

11464/9604

Hepatitis B Transmission in Belorussia
*18400257 Minsk SOVETSKAYA BELORUSSIYA in
Russian 27 Jan 88 p 4*

[Article by A. Lemeshenok: "Dangerous... Blood"; first two paragraphs are SOVETSKAYA BELORUSSIYA introduction]

[Text] In court practice a lawsuit against a medical worker, who treats a patient unprofessionally and unobjectively, is rare. In essence, this reflects the true state of affairs. As a rule, people in white gowns do everything that depends on them to give competent help to those under their care. Words of gratitude addressed to them are often heard and appear in the press.

However, this does not at all mean that there are no other voices... For example, the hundreds of people that only recently have turned out to be suffering from serum hepatitis—suffering not at all through their fault or carelessness—can hardly join such a chorus "to their health."

Letters and telephone calls from readers suggested the subject and addresses of this report. Some, for example, pensioner A. Zaytseva from Bobruysk, is disturbed by the following question: Is the possibility of infection with AIDS during injections owing to physicians' negligence ruled out? Others raise the matter of donors—to what extent is the quality of their selection ensured? There are also other aspects of the problem.

First address. A clinical hospital for infectious diseases is located behind a high fence on Kropotkin Street—almost in the center of Minsk. The first patients, in whom the AIDS virus had been discovered, came there.

"The examination was conducted strictly according to existing methods," Vladimir Yevdokimovich Kazak, the clinic's chief physician, says. "All the procedures were performed with disposable syringes and needles, which were then destroyed. Under our conditions any possibility of infection with the dangerous virus is ruled out."

This is only one—the most insignificant—aspect of the clinic's work. It is well known that so far only a handful of carriers of the "plague of the century" have been discovered in the republic. Patients suffering from hepatitis (in everyday usage this disease is called jaundice) represent the main contingent of this medical institution. More than 1,000 patients underwent treatment there last year. Hepatitis patients represented the overwhelming majority of them. However, there were also those that suffered from serum hepatitis, or hepatitis B.

For information: The hepatitis B virus is mostly introduced during injections with poorly sterilized syringes and needles, as well as with the donor's transfused blood.

Science has also established natural ways of virus transmission.

Hepatitis B, as compared with hepatitis A, is more serious and fraught with complications.

Second address. A fuller picture of the spread of this disease can be obtained at the city sanitation and epidemiological station. After a brief talk with Viktor Mikhaylovich Chelnov, Minsk's chief state sanitation specialist, who expressed concern about the present state of affairs, I went to the appropriate department at the station. Larisa Vasilyevna Boyko, its head, was just entering the data on the past year into the report. Unfortunately, they were not comforting. More than 5,000 Minsk residents suffered from hepatitis. A total of 431 out of them suffered from serum hepatitis—so many people turned out to be innocent victims. Most of them were let down by the imperfect method of processing syringes, needles, and other materials and in some cases by the negligence of medical personnel as well. Is someone responsible for this?

"Each such case," Boyko says, "is investigated carefully. It is not simple to identify the culprits, because the incubation period of the disease lasts up to 6 months. Nevertheless, in many cases it is possible to ascertain at what hospital the infection occurred. Such medical institutions receive penalty points, which affect their position in the socialist competition."

It appears that this is all. The circle is closed. The many-sided clinic in a single person is to blame. At best a department can be singled out. As is well known, however, a department has more than one worker. Here all the clues come to a complete end. Of course, the clinic that has acquired penalty points is able to rectify the situation in the competition through other indicators. But how is the patient to rectify the situation? Only through treatment...

Perhaps this figure (431 people) does not seem so bad? Especially as in medical statistics it is customary to adjust many indicators per 100,000 people and not to denote them in an absolute quantity. Then the data on hepatitis B will seem even more modest—27.5. However, people rightly say that it is six of one to half a dozen of the other. No matter how one manipulates the figures, serious damage is annually done to the health of hundreds of people (and this in Minsk alone). In brief, the treatment of one such patient, on the average, costs the state about 1,500 rubles.

Third address. The Republic Blood Transfusion Station is located in a comfortable place on the outskirts of the city. Dozens of donors come here every day. They have all the [necessary] conditions here: clean offices for examination, comfortable halls for rest, and a snack bar, where they can fortify themselves. Information can be obtained without standing in line. The first impression of this institution is most favorable, if, of course, one does not know the other side of the coin...

Many enthusiasts, experts at their jobs, work at the Republic Blood Transfusion Station. Through their efforts the collective looks quite well among similar institutions in the country. It is among the leaders. Whereas the Central Blood Transfusion Station in Moscow by no means always fulfills the plan for the production of such a valuable blood preparation as albumin, the people of Minsk cope with it 100 percent and more. They were the first in the country to introduce a single donor center at the republic station headed by Candidate of Medical Sciences Lev Vasilyevich Ivanov. In many cases this makes it possible to put up a barrier against bad donor blood. Telegraphic apparatus, which make it possible to promptly contact other donor centers and to identify through a card file violator donors, as well as donors kept away from giving blood for various reasons, have also been installed.

Local experts have made many devices, which have been of help in the work on the production of various blood components for more than one year.

On the whole, however, the equipment used at the station is hopelessly obsolete. With L. V. Ivanov we visited numerous offices, laboratories, and sections and here and there we saw a bleak picture. There were massive inconvenient centrifuges at one place and equipment made by a Lvov enterprise, which broke down as soon as it was put into operation, at another. An installation for the production of... dairy products adapted for the station's needs "functioned" at still another place.

However, the main trouble is in another matter. Today virtually all blood transfusion stations, like the Minsk station, use long obsolete methods, which in no way guarantee a product free of the hepatitis B virus. Even the most advanced out of the three applied methods—passive hemagglutination reaction—reveals only 60, at the maximum 70, percent of the "rejects". This is the main sore spot. After all, 1 milliliter of "sick" plasma per 100 liters of "healthy" plasma is sufficient to infect [people] with the same viral hepatitis.

Is this really a deadlock? No, there are already modern methods developed in many countries throughout the world for the identification of various viruses in the blood. True, in our country they are considered very expensive. But should we save in this case? Moreover, do we save?

However, the essence is seen not only in this. This is rather the consequence. Many specialists, including the chief physician at the Republic Blood Transfusion Station, see the cause in something else. In their opinion, the blood service is entangled in the archaic orders and

instructions of the USSR Ministry of Health, which republic ministries are forced to copy and duplicate in one way or another. Having studied them, it is easy to become convinced that this is so. Even those dating from 1986, in essence, have become copies of previous orders and instructions published 20 years ago or more. An amazing fact! There is a great deal of talk about restructuring in medicine, but there is the same resistance to change here...

It is sad to talk about this, but today the republic station does not even have sufficient inexpensive plastic bags for the procurement, processing, and storage of its product, not to mention more "serious" equipment. And if this is the situation at the country's leading stations, it is not difficult to imagine how the blood service degenerates in localities.

The following question is in order: Need we restrain ourselves by and entangle ourselves in obsolete instructions and forms even if they emanate from above? Now, when initiative, even if it is risky in some way, is no longer silenced, does it make sense to wait and to lose precious time?

One cannot say that nothing is being done in this direction in the republic. Problems of improving the blood service are, as the saying goes, under control at the Belorussian SSR Ministry of Health. There are quite good plans and developments. I was informed of them. Naturally, the situation cannot be rectified in one stroke. However, a delay is also fraught with serious consequences—hundreds and thousands of new patients.

From all appearances changes in the reorganization of the blood service management system have also come to a head. Recently, such measures have been implemented in Leningrad, Lithuania, and some other places. A number of interesting ideas in this direction were put forward in the republic as far back as 5 years ago by the same L. V. Ivanov, but they were "frozen." If they are unsuitable, or have also become obsolete, then someone should undertake the development of new ones. And not only undertake, but act, because a cheerful and optimistic view of the problem is now dangerous and harmful. It is inexcusable.

There are many problems. They cannot be illuminated in one report. For example, the subject of donorship requires a separate and serious discussion. And not only this. We hope that specialists working in this area will share their views on this score on the pages of this newspaper. There are many of them in the republic. The newspaper's readers can also have their say.

DENMARK/GREENLAND

Researchers Discuss Special AIDS Threat in Island

54002496 Copenhagen BERLINGSKE TIDENDE in Danish 18 May 88 p 13

[Article by Dr Jorn Olsen, professor of social medicine at Aarhus University, and Dr Mads Melbye, senior scholar at the Cancer Registry: "AIDS in Greenland"]

[Text] Even though there are only between nine and thirty AIDS-infected people in Greenland, the fight against AIDS is also a problem there.

Freer sex life, heavy consumption of alcohol and an incidence of venereal disease which is among the world's highest are circumstances which have caused many to say that the AIDS threat is a ticking bomb beneath Greenland's society.

The AIDS virus, also called HIV, probably came to Denmark at the end of the 70's via sexual relations between Danish men and American homosexuals. Today Denmark has one of the highest number of AIDS cases per capita in Europe. Now it seems to be Greenland's turn. This time it is being imported just through Denmark. The first nine cases of HIV infection have been confirmed. The majority is made up of homosexual or bisexual men, who for the most part have returned home to Greenland after shorter or longer visits in Denmark. The first cases of secondary infection, however, have also been confirmed, that is people who have been infected in the Greenland community.

Nine persons infected in a population of 50,000 persons does not sound like many, but one case is enough to start an epidemic. And an epidemic in the Greenland society can develop uncontrollably. Experience from certain African areas, where promiscuity and the number of venereal diseases is high, shows that the HIV epidemic has spread in just a few years to more than 20 percent of the sexually active young generation—those upon whom the countries' future depends! Such experience cannot be directly applied to the Greenland society—and yet. The social conditions are in place, meaning many sexual contacts, a high incidence of venereal disease and lacking a tradition for the use of condoms.

Fighting the epidemic in Greenland cannot merely be copied from the Danish model. It is assumed that the population of Greenland will actively cooperate with prophylactic measures. The Greenland society must, therefore, with the background of its own culture, establish a prophylactic policy and information campaigns. They must partly take advantage of the urgency that we have about the speed of the spreading infection in society, which on essential points resembles the Greenland experience. If a rapidly developing AIDS epidemic comes to Greenland, nobody can claim that it is surprising, or that we did not know better.

Naturally one should utilize the positive circumstances that exist—despite everything. Already extensive investigations for AIDS infection have been conducted in parts of the population. Actually such a large part of the population has now been tested that a fairly accurate estimate can be made of the total number of infected persons—the figure is probably between nine and thirty, hardly more. Relatively small towns of several hundred to a few thousand inhabitants, large distances between towns and an open sexual morality make it possible to learn the facts about the spread of infection at an early time, and it appears, therefore, possible to create much better ways of weighing the epidemic than we have in Denmark. That means it will be possible to get information of a rapidly spreading epidemic very early.

Knowledge of the extent of spread of the infection makes it possible to establish goals for fighting the epidemic in Greenland. And the goal must be to ensure that an independent AIDS epidemic does not arrive. All other goals are not unacceptable alone, but are also much more difficult to attain. The more who are infected, the more difficult it will be to limit the epidemic. When the infection is spread via sexual contact, the probability of transfer of infection is the product of the probability that an uninfected person has sexual contact with an infected person, and that the infection was in fact transferred.

Small epidemics in Greenland society cannot be prevented, because people will continue to import the infection from high risk areas such as Denmark, for example. But an independent Greenland epidemic in the society as a whole must be prevented. That is not only the optimal goal, but it is also the most easily attainable goal, theoretically. Unfortunately that does not mean that it is easy to attain. The social basis for an explosive HIV epidemic must be removed, and traditional forms of combatting epidemics must be used, based on tracking the infection and control measures.

On the social level, what is needed are behavioral changes, which assume information and changes of attitudes. The number of sexual contacts must be reduced, and anonymous sexual contacts must be avoided. The attitude of the population toward condoms must be made more positive. All these things are more easily said than done, especially when they must be done to avoid the AIDS threat becoming real—not with the background of an epidemic already made visible to the population. Fortunately, there are rather many other social advantages to such behavioral changes, for example prevention of venereal disease (and the consequences of venereal disease, such as sterility), probably also prevention of cancer of the uterus, which at the moment for age group 30-39 is about six times greater than in Denmark. More stable relations between couples can perhaps also prevent certain forms of violence, criminality and alcoholism.

There are many indications that it is easier to carry out infection tracing and testing in the Greenland population than it is in Denmark. Against the background of

experience in Africa, the illness will hardly be limited to homosexuals, and, therefore, there is not the same risk of stamping sexual minorities to pay attention to. With an intense goal-oriented input it will be possible to ensure that the infected do not spread the infection further. It can hardly be avoided that the local population will often know who is infected, not necessarily because of a breach of silence by the health authorities, but because the infected persons need to talk to others about their serious situation. Therefore, it will be extra important from the start to ensure that infected persons are not isolated socially, that they do not lose their jobs, etc. The remedy is primarily information, and slogans are not enough. The entire population of Greenland must be aware of how HIV infects, and how HIV does not infect.

Although nobody knows how such a gigantic task is best solved, there must be built-in gauges to indicate whether we are on the right path. Continuous statistical surveys must be implemented of the population's knowledge about HIV/AIDS and the population's behavior and attitudes. Only in that way can we ensure that we will learn from experience and can adjust the fight when necessary. There are certain traditions to build on here. Social science research on Greenland has been so extensive that some people claim that a typical Greenland family consists of father, mother and a sociologist.

Experience from other countries shows the necessity of coordinating and controlling activities from one authority who has both the necessary knowledge and the resources to solve the problems. It is natural to give the task to the national public health authority, but that assumes a significant rearmament, bringing Greenlanders into the effort. The necessary resources for research must presumably to a certain extent be brought in from outside. As the criminal police have a flying squad which is sent out to assist the local police with especially difficult tasks, the public health service should have such a flying squad to assist in such an important and multifarious task as the epidemic in Greenland is becoming.

It is obvious that Denmark has special obligations. We cannot avoid the responsibility for the AIDS threat in Greenland. We have a large part of the responsibility that the epidemic can spread explosively in Greenland, and it is certainly from Denmark that new infections will enter the Greenland society. We also have an entirely egotistical interest in fighting the epidemic. An explosive AIDS epidemic in Greenland can have catastrophic consequences for the Danish economy. It is often discussed whether contraception is worth it or not, but here is one of the areas where prophylaxis is especially good economy.

The goal must be no independent epidemic in Greenland, and it will be attained through behavioral changes which will affect large parts of the population's social and cultural life, but not necessarily for the worse. These behavioral changes will be maintained until an effective vaccine is developed, or an effective and safe treatment,

and that could take many years. If not, and there are not special genetic conditions which protect the Greenland population from the same degree of infectious spread and later development of AIDS as we have seen from studies of other populations, it will go wrong.

The money to be used in the fight against the epidemic must be found. That is a task for the public sector, but the private sector must also help. In Denmark we have seen a significant willingness to pay for supporting prophylaxis and research in AIDS. Let us hope that the same will be the case when prophylaxis is undertaken in Greenland.

9287

Authorities Expect Decline in High Syphilis Incidence

54002492 *Godthaab GRONLANDSPOSTEN in Danish*
13 Apr 88 p 10

[Unattributed article: "Fewer Syphilis Cases: Many Observed Cases in First or Second Stages"]

[Text] Ten years ago, in 1977, there were around 700 syphilis cases in all of Greenland—the most cases ever, until recently. The Health Administration now estimates the number for last year will exceed that for 1977.

"We have already found around the same number in 1987, but according to our syphilis study, the number has dropped somewhat. So we hope that things will go well this year. However, it is a little too early to comment too much," said Greenland Surgeon General Jens Misfeldt.

The surgeon general, though, expects that the number will be declining, just as was the situation for 1977, when the number fell markedly already the following year. It was the undertaking of the syphilis study and consequent actions thereafter which brought down the number.

But there will always be some who are infected who will not go to get a physician's examination. And it is these people who will infect others, until the number of cases peaks again at some or another point in time.

Also pregnant women are examined for syphilis. But even in this group some do not come in for an examination. In the syphilis study it was found that over a period of six years, there were three pregnant women who had infected their children. "If the mother has become infected early in the pregnancy, the fetus will die. If it happens later, the child may die around the time of delivery. And in rare cases, the child may be born with a defect," said the surgeon general.

In the last syphilis study, there were no cases found in the third stage. On the other hand, however, there were several cases in the first and second stages with meningitis-like symptoms in the brain membrane.

/9274

GREECE

Comprehensive Measures Planned Against AIDS *54002487 Athens ELEVTHEROTYPIA in Greek* *27 Apr 88 p 14*

[Excerpt] Thirty new beds set aside exclusively for AIDS patients, preparedness of doctors in regional hospitals, a psychological support unit for AIDS patients and expansion of the National AIDS Control Committee are some of the measures announced yesterday by the Ministry of Health and Welfare. These measures come within the framework of the national program to combat AIDS in the next 5 years, that is 1988 through 1992.

The "decatalogue" against AIDS provides for the creation of three special centers in Athens and Salonica for providing primary, secondary and third degree care for carriers and patients. Each center will include a clinic with 8-10 beds, an external dispensary and a dental unit.

Also, each regional hospital must always have three to four beds and a doctor ready to handle AIDS cases. A social medical unit will also be established in the Athens central hospital to provide primary care to those patients who are not being treated.

The National AIDS Control Committee will be expanded with the addition of members who are not physicians. Participating on the committee in the future will be dentists, nurses, attorneys and others, while at the same time, special committees will be set up to support the National AIDS Control Committee. With these measures AIDS at last ceases to be a matter for doctors only but one in which other categories of civilians are mobilized.

At the same time, the church, political parties, local self-administration, professional associations, labor unions and other bodies will also be mobilized. Close cooperation will be continued with WHO, the Council of Europe's health committee, the EEC's Scientific Committee for Communicable Diseases and the United States' Center for the Control of Infectious Diseases.

Greek doctors and nurses will also be trained abroad in order to meet needs created by the services.

The general public, and particularly high risk groups with whom there will be cooperation, will continue to be informed and enlightened.

A network of psychological support for patients and carriers, as well as their environment, will be set up. The Social Medicine Unit will constitute the centerpiece of this unit.

Emphasis will be placed on research, social and epidemiological, with the immediate activation of the National Health Research Center.

Within the Public Health Directorate of the Ministry of Health and Welfare a special unit will be created its goal being the technical and administrative support of the AIDS policy. Finally, with the cooperation of the Ministry of Education, people's education, and the New Generation, health education will be intensified.

5671/9604

IRELAND

Number of AIDS Cases Doubles in Eight Months *54500140 Dublin IRISH INDEPENDENT in English* *27 Apr 88 p 6*

[Article by Eugene Moloney]

[Text] Confirmation yesterday that another Dublin baby has developed full blown AIDS means that the number of people in Ireland now with the fatal disease has more than doubled in 8 months.

The Department of Health said yesterday that 38 people in this country have now developed the disease, compared to 16 last August.

The latest diagnosis brings to four the number of babies dying of the disease. Three were born to intravenous drug users.

But a further 38 babies of drug abusers have been diagnosed as being HIV positive, having the AIDS anti-bodies in their systems, and may go on to develop the full disease.

In virtually all cases their mothers picked up the virus as a result of sharing syringes with other drug addicts. The Government is now concentrating its public information campaign at high risk groups, particularly drug users, rather than the population in general.

Unlike countries where it is the homosexual population who are most at risk, in Ireland the majority of AIDS cases involve people who are or were intravenous drug users.

AIDS expert Dr Fiona Mulcahy, of St James Hospital, Dublin has already warned that Ireland can expect the number of AIDS cases to double by 1989.

Interviewed in the current edition of the IRISH MEDICAL NEWS, Dr James Walsh, National AIDS coordinator and a member of the European community working group on AIDS research, said: "The chances of a vaccine for the virus being developed within the next 20 to 30 years are very slim."

He added that although there were more than 100 drugs on the market claiming to fight the disease, no effective drug other than AZT (which itself has strong side effects) was available to fight the virus.

/9604

Prostitutes, Addicts Said To Spread Hepatitis-B
54500141 Dublin IRISH INDEPENDENT in English
16 May 88 p 3

[Article by Stephen McGrath]

[Text] Female drug addicts who turn to prostitution to get money to feed their habit are one of the main reasons why the liver virus Hepatitis B is spreading into the heterosexual community, an expert on the virus said at a seminar in Dublin.

Prostitutes acquired the virus from using other addicts' needles and then passed it on sexually. Many didn't realise they carried the virus, Dr W.J. Harris of St Mary's Hospital, London, told the weekend seminar at the Rotunda Hospital.

He said there was evidence to show that the problem per head of population was worse in Dublin than in London. In London many of the prostitutes presenting with Hepatitis B were Irish.

He recommended that all prostitutes here be vaccinated for Hepatitis B. "It would be crazy not to do so when you think about it," he said.

The seminar heard that the vaccine is now available in three necessary doses for [British pound]40. Doctors, surgeons, anaesthetists, firemen, ambulance workers and all staff working in high risk areas who come into contact with blood are advised to get the vaccine.

Dr A.G. Shattock of University College, Dublin, said there were 85 new cases of Hepatitis B last year, mostly in Dublin. He said 50 percent of drug addicts contracted the virus after 3 or 4 years.

Hepatitis B is said to be 1,000 times more contagious than the AIDS virus. It attacks the liver and is one of the major causes of cancer. It is transmitted by contaminated blood, semen, mucus and vaginal secretions.

The disease is endemic in Asia where 20 percent of the population is infected. Worldwide more than 1,000 million people have been infected.

In Britain the annual incidence of Hepatitis B has doubled in the 10-year period 1974-84. There are now about 2,000 cases every year.

The seminar was organised by the Society for Sexually Transmissible Diseases in Ireland. The chairman of the society, Dr Derek Freedman said it was important that at

risk groups from Hepatitis B such as medical workers, dentists, police, homosexuals and drug addicts were aware of the dangers and the possibility of getting vaccinated.

He warned that the safe sex methods recommended for AIDS avoidance might not be enough to prevent Hepatitis B infection.

The vaccine is available on prescription from chemists and is genetically engineered with few side-effects.

St James's Hospital, Dublin, and some of the large maternity and mental handicap hospitals have now offered the vaccine to all staff.

/9604

ITALY

AIDS Information Campaign Extended to Schools
54002484 Rome L'UNITA in Italian 29 Apr 88 p 5

[Article by Maria R. Calderoni]

[Text] Rome—The anti-AIDS commission is getting things moving. During yesterday's meeting, having overcome a long, lethargic period, the commission made way for some important decisions. First, [there will be] a grand-scale initiative earmarked for schools, from nursery schools to universities.

The commission emphasized that since this is a question of a disease to be cured and, more importantly, of prevention, a detailed education campaign is scheduled to begin as soon as possible in our schools, one that is separate from normal public and health education programs (when they exist).

Minister Donat Cattin sent a letter to his colleague, Education Minister Galloni, urging him to appoint a representative to the commission. Teachers will not be displaced by this campaign in the schools, said Professor Guzzanti who presided over the commission. "They are the ones who know the pedagogic language. We merely provide the message." The preliminary plan approved—and to be finalized at the next meeting—provides for taking steps in the nursery schools (the first problem, integration of seropositive babies); grammar schools (objective information on the physiology of sex); and junior high schools where students should begin to become knowledgeable about the epidemiologic basis and prevention of AIDS, as well as on every means of transmission, taught with thorough explanations by experts.

The program for high schools will be more extensive, with more detailed information and a direct dialogue with students. Some videocassettes will therefore be

produced, with an overall cost of 45 to 100 million [lire]. It will be up to the individual [school] boards to decide which professionals should be entrusted with this task.

The school, therefore, [is being viewed] as a "hot zone" for AIDS, perhaps more than the prisons and barracks; but the commission decided to also intervene briefly with drug addicts by sending a questionnaire to all the facilities where they live (in Italy today about 70 percent of AIDS victims belong to this category).

A further decision of the commission concerns the dispensing of AZT, the only drug that so far has been able to slow down the tragic progression of the disease. In fact, the rules regulating the use of AZT will be revised so as to allow a more widespread distribution, extended to persons who have nervous lesions of the brain, a decrease in blood platelets or anemia, especially during the phase preceding symptomatic AIDS when symptoms of the seropositive stage are already very advanced.

Among the qualities of AZT, which unfortunately is not yet capable of wiping out the virus, is that it prevents HIV from penetrating the blood-cerebral barrier. From this alone one can understand the importance of its wider distribution. AIDS, said Professor Rondanelli, attacks the brain in 30 percent of cases as much as a year before the well-known opportunistic infections appear: pneumonia, pneumocystosis, and Kaposi's Sarcoma.

The decision to "liberalize," in a certain sense, AZT (which requires thorough examinations and often causes serious side effects), is unfortunately evidence of the dramatic ascent of the disease. [The number of] patients treated with AZT were, as of 31 December 1987, 525, but today there are already 980.

Within 2 weeks an information booklet on AIDS, edited by the Ministry of Health, will be distributed to all Italian families: 23 million copies for a total cost of about 6 billion [lire].

What is AIDS; what are the symptoms; how is it transmitted and not transmitted; who is at risk; what should a seropositive person do; how to protect yourself from the infection—these are some of the topics covered in the booklet. It also discusses drugs, transfusions, pregnancy and tests.

13209/6091

PORTUGAL

AIDS HIV-2 Test Reportedly Not Routinely Conducted

54002493 Lisbon EXPRESSO in Portuguese
14 May 88 p 6

[Article by Orlando Raimundo]

[Excerpts] Through contact with specialists at Lisbon's city hospitals, EXPRESSO has discovered that the serological test designed to find out if donors' blood is

contaminated with AIDS HIV-2 (the human immune deficiency virus) is not being done on a routine basis in Portugal. This practice goes against the consensus from the technical point of view concerning the need to conduct such a test. The Portuguese people are particularly vulnerable to this infection due to the fact that they frequently come into contact with African people from the region where the virus originated.

HIV-2 is a pathology discovered at the Pasteur Institute in Paris from serums collected from individuals from Guinea-Bissau and Cape Verde. The number of AIDS cases caused by this virus has been increasing dramatically in Europe lately. The relationship which exists in Portuguese society with citizens from Guinea-Bissau and Cape Verde leads one to believe that we need to attribute very high importance to the HIV-2 virus.

Could Betting on Research Be Lucrative?

The situation is worrisome, even in regards to HIV-1, with relation to outlying blood collection centers. According to our sources, "the central laboratories are prepared to carry out the test, but the outlying centers face the possibility of needing to use the blood before the test results are known." This means that contaminated blood may be being used.

What is worrying the specialists—and those who are aware of the problem and are pushing for a move toward preventive action—derives especially from the fact that many immigrants who are natives of those two West African countries are currently residing in Portugal. The promiscuity in which many of them live, settled as they are in large shantytowns without even minimal hygienic conditions, provides a fertile field for the spread of the virus. This state of affairs could promote the development of the infection if appropriate measures are not taken.

The test has not been institutionalized as normal practice—as we were able to find out—because of alleged difficulties of a financial nature in setting up the technique, which is quite costly. There are those who consider this argument to be "fallacious" and to arise from "an erroneous evaluation of the situation." A specialist at Santa Maria Hospital, who spoke with EXPRESSO, states the conviction that "Portugal has a lot to gain—not just from the scientific point of view, but even financially speaking—if it bets on studying and researching AIDS cases caused by HIV-2." Eventual discoveries in this area would be useful not only to Portugal but also to the health institutions of the Portuguese-speaking African nations which frequently rely upon the knowledge accumulated by Portuguese researchers in seeking solutions for combatting diseases.

Currently in Portugal, only the School of Pharmacy regularly does typing of HIV-2 as a subject of research, an activity that is obviously unconnected with the daily

routine of health institutions. At blood collection centers, the only tests that are carried out are for HIV-1 and hepatitis B. Only at the request of the centers for the treatment of infectious and contagious diseases is typing for HIV-2 done.

Likewise, the cytomegalovirus—another virus of the Herpes group which is known by the acronym CMV and can also be acquired during a normal blood transfusion—is not being regularly tested for in Portuguese hospitals. In this case, the situation is less serious, since most of the population is naturally immune. This circumstance, however, does not justify the current *modus operandi* in the opinion of the specialists.

Most foreign blood collection centers perform the CMV test. In Portugal, it is not being done, and, once again, the reasons given are of a financial nature.

Importing of Components Could Decrease Greatly

Through technical processes, blood can be broken down into various components which are then usable in correcting specific problems that are diagnosed in certain patients. These technical processes make it possible to increase greatly the usefulness of the blood furnished by donors.

Portugal manufactures, in a flawed manner and using outmoded processes, the different components of blood. The antiquated way in which this whole procedure is done causes frequent shortages in blood supplies, thus requiring constant appeals to the generosity of citizens, who are then transformed into "spontaneous" donors. This ultimately leads to the costly decision to import large quantities of blood.

Even though it cannot produce everything, Portugal could easily increase and improve the quality of its production, reduce its imports drastically, and balance its blood supplies, thus avoiding repetitions of the crisis.

9895

SPAIN

AIDS Situation Review Shows High Neonatal Incidence

54002472 Madrid YA in Spanish 6 Apr 88 p 17

[Article by Florencio Valladares; first paragraph is YA introduction]

[Excerpts] Madrid—As of 21 March when the last review of AIDS cases in Spain was made, 47 children under the age of 15 have been infected with this disease. This is one of the highest rates in Europe, surpassed only by France with 80 cases, and Italy with 53. The progression in recent months is even more dramatic. In December 1986, there were only 26 children with this disease.

In his appearance before the Social Policy Commission of the House of Deputies in the middle of February, Minister of Health Julian Garcia Vargas showed concern about the considerable risk in Spain that children will contract the infection during gestation or through breast milk. This risk is greater in Spain than in most of the other nations in Europe. In our country (and Italy), the age group most affected is 20 to 29. This coincides with a woman's greatest fertility.

Studies done in the United States have not been able to determine the frequency with which the infection is transmitted during pregnancy. However, it is estimated that between 30 and 50 percent of newborns of infected mothers come into the world with VIH [Human Immunodeficiency Virus].

The percentage of infected newborns that develop the disease is very low, "about 4 percent," according to Dr Felix Omenaca. He works in the Neonatology Department of Hospital La Paz in Madrid and has done a study on the incidence of AIDS in newborns. In his opinion, the majority eliminate the AIDS antibodies within 1 year. This is possible because the child is born with antibodies "loaned" by his mother and little by little replaces them with his own.

More Women Infected

Today it is estimated that 6 out of every 10 female drug addicts in Spain have AIDS antibodies in their blood. This is a constantly growing population group. The proportion of women addicted to intravenous drugs has gone from 1 per 5,000 in 1981 to 4 per 1,000 in 1987.

In Spain, there is a very good possibility that the mother will give the virus to the child. In addition to the lower age of those with the disease, the proportion of women infected with AIDS is higher than in the rest of Europe.

According to the minister, the greater prevalence of these two factors—younger patients and higher incidence in females—is related to the fact that Spain is a country where intravenous drug addiction is the main avenue by which the epidemic spreads.

According to the data provided by the Ministry of Health at the end of December, 52 percent of the known AIDS patients in Spain are drug addicts who acquired the infection by injecting drugs (usually heroin) with used syringes which are, therefore, likely to be contaminated.

The high percentage of infected drug addicts is perhaps the main difference compared with the incidence of AIDS in our country. Throughout the world, especially in the United States and Europe with the exception of Italy, male homosexuals are the population group most affected. In Spain, they represent only 1 of every 4 cases.

Of the almost 950 Spaniards included in the AIDS statistics at the beginning of 1988, 387 have already died.

Madrid, Highest Rate

The regions of Spain where AIDS is most established are those of greater economic development. Madrid had a rate at the end of the year of 47.3 AIDS patients for every 1 million inhabitants; Balears, 38.6; Basque Country, 34.7; and Catalonia, 31.3. The autonomous communities least affected were Extremadura (1.8), Castilla-La Mancha (6.4), and Castilla-Leon (6.5).

One positive factor in the behavior of the disease in our country should be pointed out: the continuing decrease in cases related to the third risk factor, hemophilia (from 27 cases in 1986 to 15 in 1987) and blood transfusions (6 cases in 1986 and 4 in 1987). In the minister's opinion, this favorable trend is due to the application of controls on blood products since 1985 and the study of blood donations since 1986.

Another optimistic factor is that the doubling time of the total number of patients keeps increasing (from 7.2 months in 1986 to 14.7 in 1987). Also there seems to be greater awareness among the risk groups about the symptoms of the disease and more help from the health system.

7717

TURKEY

Thrace Crops Threatened by Shield Bug Infestation

Wheat at Risk

54002476 *Istanbul MILLIYET in Turkish*
21 Mar 88 p 5

[Article by Vahap Munyar: "Thrace Wheat Again in Danger"]

[Text] Thrace wheat, which will yield a crop of nearly 2 million tons at harvest, again said "hello" to spring under the threat of "shield bugs." "Shield bugs," which caused financial damage of 15 billion liras to the Soil Products Office (SPO) and 40 billion liras to Thrace farmers during the last production season, are impatiently waiting for the day the "milk" forms inside the wheat heads. The President of Marmara Region of Turkish Union of Chambers of Agriculture (TUCA) Erol Baraz said, "What is observed is that shield bugs once again will suck the marrow out of the farmers' wheat."

Erol Baraz indicated that if 4 percent of "Bezostaya" wheat and 2 percent of "Sadowa" wheat were affected by shield bugs, they would lose their "bread-quality rating" and the danger this year would be at least as bad as last year.

This is how Erol Baraz explained "the mistakes made last year in combating shield bugs":

"In combating shield bugs, the dosage of the pesticide, the timing of spraying and whether the material is used in sufficient proportions are important. The biggest mistake last year was in timing. In many places, spraying took place only a few days before harvesting. Actually, spraying after the wheat hardens is of no benefit, but this is what happened. The SPO purchased 900,000 tons and brokers purchased 900,000 tons of last year's wheat crop of nearly 1.8 million tons. The office purchased the wheat from the farmer regardless of shield-bug damage. SPO officials themselves say that the financial loss, for this reason, reached 15 billion liras. The farmers' loss in sales to brokers reached 40 billion because of shield bugs.

Baraz indicated that the timing in combating shield bugs could be determined by weather conditions and added the following:

"There are 10-15 days to combat shield bugs. Once this time frame passes, insecticides have no effect. This period usually begins in the first week of June. However, it can shift forward or back a few days depending on the weather. In addition to timing, this year spraying should not be left to the farmer, but aircraft must be used. Spraying by aircraft threatens the bees which play an important role in pollinating sunflowers. However, there are pesticides which will not kill the bees. This kind of pesticide can be selected."

SPO officials announced that the price of wheat with a high rate of shield-bug damage, which is called "sucked grain" or "shield-bug-eaten grain," would fall. They explain this year's implementation this way:

"A bonus of 3.5 liras per kilo will be paid to farmers who combat shield-bugs using their own means and 2 liras per kilo to farmers who purchase the pesticide from state officials. However, if shield-bug damage exceeds 2 percent, not only will the farmer receive no bonus even if he sprayed, but prices will fall towards the bottom of the rate chart."

Losses Blamed on Improper Insecticide Use

54002476 *Istanbul MILLIYET in Turkish*
7 May 88 pp 3, 13

[Article by Metin Ozyildirim: "Farmers Lose 60 Billion"]

[Text] Incorrect practices in the fight against shield bugs last year in Thrace reportedly caused farmers losses of a total of 60 billion liras, including 20 billion in sunflowers, because of the wrong choice of pesticide causing bees to be killed.

Agricultural Engineer Dr Erol Baraz, president of the Chambers of Agriculture Marmara Region, said, "The very same mistakes were repeated this year in the choice of pesticide against shield bugs, and this will cause the Thrace farmer losses of 160 billion liras at the new prices."

Yusuf Salcan, deputy general director for conservation-control of the Ministry of Agriculture, Forests and Village Affairs, said in reply to these charges, "Erol Baraz does not understand this business and none of his claims is true."

"We Warned the Government"

Marmara region president Baraz said that 8 billion liras more will be spent this year for pesticides to be used throughout the country, including 5 billion in Thrace, to fight shield bugs. "Although they [as published] have warned the government on every possible occasion, the ministry has still chosen pesticides that harm bees," he said.

Baraz said that the pesticides to be used this year had been designated in the contract awarded by the ministry about 1 month ago and added: "It would solve the problem now to make sure that the pesticides used at this stage, at least in Thrace, were not harmful to bees."

Maintaining that the basic goal of fighting shield bugs "is to kill the shield bugs and keep the bees alive," Baraz said, "The government is not treating this with the importance it should and its policy is wrong."

Ministry's Answer

Deputy General Director Salcan insisted that Erol Baraz's claims were untrue and said, "The pesticides that we will use in Thrace this year will not harm the bees."

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